

**Patty Lundeen Galbraith Endowed Fund**

Send completed proposal forms to:  
Traci Skalberg, Kneale Administration Building  
123 South Webb Road, P.O. Box 4904  
Grand Island, NE 68802

**Application**

Date: \_\_\_\_\_

Grant Title: \_\_\_\_\_

Grant Purpose (one or two sentences): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_

School Building: \_\_\_\_\_

Grade Level of Impacted Students: \_\_\_\_\_

Number of Students Impacted: \_\_\_\_\_

Amount of Proposed Grant: \_\_\_\_\_

When do you need the funds? \_\_\_\_\_

Has this project been funded before? If so, when, how much, and by whom? \_\_\_\_\_

\_\_\_\_\_

In order for this project to be funded, do you need seed money to start raising funds? If so, how much? \_\_\_\_\_

\_\_\_\_\_

Are there other scholarships or funding opportunities that might fulfill this need?  
If yes, have these sources been solicited for aid? Please explain. \_\_\_\_\_

\_\_\_\_\_

Will individual students contribute to the project? \_\_\_\_\_

Have you received grant dollars from GIPS Foundation in the past? If so, when and how much? \_\_\_\_\_

\_\_\_\_\_

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**Total Project Budget** \_\_\_\_\_

Type of Funding	Name of Source	Amount Requested
Grant	GIPS Foundation	
Other Sources		
Total		

**Itemized Budget**

Budget Category	Description	Amount
<b>Personnel</b>		
<b>Travel</b>		
<b>Supplies</b>		
<b>Other (Name Item)</b>		
	<b>TOTAL</b>	