

Valley View Educational Enrichment Foundation



Computers for Students Grant Program

Application for Grant

To Be Completed by Applicant

Student Name _____

Address _____

City, State, Zip _____

Phone Number _____

School Attending: _____

School District Assessment of criteria compliance (School District Use Only)

The Student meets the stated Foundation program requirements:

Student in good academic standing _____

Student in good disciplinary standing _____

Student is a confirmed resident of the School District _____

Student meets the At-risk or Financial Need criteria _____

Reviewed and approved by:

Signature: _____ Date: _____

Printed name: _____

Grant Award Information (Foundation Use Only)

Date Awarded: _____

Equipment given:

CPU Model and Serial # _____

Monitor Model and Serial # _____

Key Board and Mouse _____

Printer Model and Serial # _____

Software:

Type and License # O/S _____ Other _____

Awarding of the Computer Grant is dependent upon availability of hardware and software

Signed by Student Upon Awarding of Equipment

I have read and agree to the guidelines set forth by the VVEEF as to the use of the computer equipment.

(Signature of student) Date: _____