**Society of Parents and Friends of the**

**John F. Kennedy School Berlin E.V.**

**Teltower Damm 87-93  14167 Berlin**

Name of Applicant: _____ Date _____

Building (ES or HS) and Department _____

Email: _____ Phone: _____

**IMPORTANT INFORMATION: (1)** You must apply for financial assistance BEFORE you purchase or pay for anything and then await our response. **(2)** Requests should be received a minimum of two (2) weeks before the expected project date in order to allow the Verein Board sufficient time to provide proper consideration. **(3)** Feel free to provide additional information, or in person to a Verein Meeting and present your project to the board directly.

**Project Type**: *Funding is being sought for what type of project? (Check all that apply)*

❑ Youth Wellfare
❑ Promotion of education/civic education
❑ Converying values in the spirit of German/American friendship
❑ Supporting the intellectual development, athletic performance, social skills, and community spirit of students of JFK
❑ Supporting school-related activities & needs
❑ Charitible purposes, especially assistance for disadvantaged or deserving students

❑ Providing funds for:
- class trips/excursions
- sporting events
- school performances
- teaching materials, books, other educational items,
- financial aid for students in need
- support for graduates in pursuing higher education.

Have you already looked into other funding sources for this project (school budget, class funds, Senat, Trust Fund…) being sought for this project from other sources? ❑ Yes ❑ No
If not, can you briefly explain why?

_____

_____

Is additional funding also being used for this project from other sources? ❑ Yes ❑ No
If yes, please list any other funding organizations or sources:

_____

_____

**Project Goals and Description**

Please provide a brief description of the project for which you are seeking funding and the goals (what you expect to accomplish) you have set for the project. Please attach additional pages describing your project's timeline, planned activities, and responsibilities of principal/ staff involved. If your request is specifically for funding for equipment, please list the equipment or product you are seeking to purchase:

_____

_____

_____

_____

What student group(s) will be served by this project/program? Please include an estimate of the number of students/teachers/staff served.

_____

_____

Is this project/program one that can be used for future years, or is it a one time project/program? Please describe how this project/progeny will be used in the future.

_____

_____

Please list any artists, cultural organizations, or other community/business organizations or agencies that will be involved in this project (if applicable):

_____

_____

What are the proposed start and end dates for this project?

From:_____ To:_____

If applicable to your request, how will the materials be maintained (ex: laptops, tablets, tech equipment) and stored?

_____

_____

_____

_____

**SUBMISSION OF REQUEST:** Email this request, plus any requests or additional attachments to: info@theverein.com

## Project Budget

| Description | Unit Cost | Total Cost |
|---|---|---|
| | | |
| | | |
| | | |
| | **Total cost of project/program:** | € |
| | **Less amount funded by other sources (if applicable):** | € |
| | **Total amount being requested from The Verein** | € |

*Other budget item(s) Description:

_____

_____

**Payment Information**

Is an advance payment required? ❑ Yes ❑ No

Payments should be made to the account of (name on account): _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Note: if payment is to be made directly by The Verein then our name and address as noted above must appear on the official invoice.

**Signature of Applicant**_____ Date _____

**Mandatory Signature of Approval from JFKS Administration** _____

**Date** _____