



## STUDENT ENRICHMENT GRANT GUIDELINES

The mission of the Headwaters Foundation is to foster educational excellence in Rappahannock County, Virginia. We accomplish our mission by partnering with our local schools, youth-serving organizations, and interested community members to benefit the young people in our area.

One of our newest initiatives, Student Enrichment Grants, seeks to support young people in grades K-12 who are interested in pursuing some form of enrichment outside the traditional classroom setting. Such enrichment activities would serve to supplement their in-school education or academic/professional life goals. Student Enrichment Grants may be used in a variety of ways including, but not limited to:

- Tuition for summer programs such as educational camps and internships
- Classes not offered through Rappahannock County Public Schools
- SAT/ACT prep courses
- Courses through RappCE or other local nonprofits/groups
- Research
- Creative work involving the arts
- Training that builds skills (e.g., EMS/Firefighter training expenses, forestry, cosmetology, culinary arts, etc.)

**Student Enrichment Grant Eligibility & Requirements:** In order to receive a Student Enrichment Grant, applicants must:

- Be a Rappahannock County resident and attend school in Rappahannock
- Request funds for educational initiatives
- Submit the attached paperwork and all required documentation detailed at the end of the application
- Submit a final report (and photos if applicable) detailing how the activity went and what was gained from the experience

**Award Range:** Student Enrichment Grant awards are typically in the \$100-\$1,000 range.

**Contact:** If you have questions about whether or not a request is appropriate, please contact Brittany Dwyer, Headwaters Executive Director by email at [director@headwatersfdn.org](mailto:director@headwatersfdn.org) or by phone at 540-227-5170.

# STUDENT ENRICHMENT GRANT APPLICATION

Full legal name of student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Name of enrichment activity: \_\_\_\_\_

Amount of funding requested: \$ \_\_\_\_\_

Date the enrichment activity is taking place: \_\_\_\_\_

When are the funds due for this activity? \_\_\_\_\_

Describe the enrichment activity you are seeking funds for:

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Please explain in one paragraph or less why you need financial support.

Please provide the contact information of the individual/business associated with the enrichment activity:

Vendor name: \_\_\_\_\_

Vendor address: \_\_\_\_\_

Vendor phone: \_\_\_\_\_ Vendor email: \_\_\_\_\_

**Short Essay:** Please answer the following question in 250 words or less: *Why do you wish to participate in this enrichment activity and what do you hope to learn from the experience?* You may attach as a separate document if desired.

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## ADDITIONAL DOCUMENTATION & SUBMISSION GUIDELINES

### Additional documentation:

- Please include two letters of support from a school administrator, teacher, coach, or other school staff member. The individual providing the letter of support may not be related to you.

Submission Guidelines: Grant applications should be submitted in one of the following ways:

- 1) By mail:  
Headwaters Foundation  
c/o Brittany Dwyer  
P.O. Box 368  
Washington, VA 22747
- 2) Hand-delivered: Headwaters Foundation, Washington School  
567 Mount Salem Avenue, Washington, VA 22747
- 3) E-mail: [director@headwatersfdn.org](mailto:director@headwatersfdn.org)

## STUDENT ENRICHMENT GRANT APPLICATION ACKNOWLEDGEMENT

I, \_\_\_\_\_, certify that the information I have  
(Full legal name of student)

provided in this application is true and accurate to the best of my knowledge. I understand that by receiving a Student Enrichment Grant, I am required to take part in the activity for which I am requesting funds for unless extenuating circumstances prevent my participation. If granted funds to pursue this activity, I promise to provide Headwaters with a final report of my participation from the activity.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Student

As the parent/guardian of the student noted above, I certify that the information on this application is true and accurate to the best of my knowledge. I understand the importance of my child attending the enrichment activity they are seeking funds to attend. If my child receives funding from the Headwaters Foundation and does not take part in the activity, I acknowledge that I will be responsible for reimbursing Headwaters for the amount of the Student Enrichment Grant if funds cannot be reimbursed by the vendor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Guardian