

**Ricky J. Parisian Memorial Scholarship Foundation, Inc.**  
**Community Funding Application**  
**Deadline: December 31<sup>st</sup>**

**Foundation Purpose:**

The purpose of this Foundation is to establish a scholarship fund to provide financial assistance to a graduating senior from Oneonta High School who demonstrates the ability to enhance the local community....

Additionally, this Foundation, when possible, will allocate funds to support educational opportunities/ programs for students in the Oneonta community, including avenues of social enrichment.

**Guidelines for community funding:**

- Must promote child growth in the area(s) of academics, social/emotional, physical, and/or self-esteem.
- Has potential to reach many children
- Provides ongoing benefit to the community.
- Receiving agency/organization must have a tax-exempt status.

**Submit completed Application to:**

**Ricky J. Parisian Memorial Scholarship Foundation, Inc.**  
**c/o Deb Parisian**  
**11 East Center St.**  
**Oneonta, NY 13820**

**Response to your application:**

The Ricky J. Parisian Memorial Scholarship Foundation board members will meet at their earliest convenience to review all submitted applications received by the above deadline. Please expect to hear back from the Foundation by March 1<sup>st</sup>.

Applicant's name/position:

Organization:

Mailing Address:

Phone:

Fax:

Email:

Cell Phone:

Amount Requested:

**What specifically is the money needed for?**

**What is the unique and significant gain this equipment/project will provide for children in the community?**

Estimated number of children to benefit initially:  and/or Annually:

Is there an additional funding source for this equipment/project?  Yes  No

Please List:

Total (estimated) equipment/project cost:

501(c)(3)Org.  Gov't  Church/Synagogue  Education

If a 501(c)(3) organization, include a copy of your IRS letter of determination

What personnel, resources, and experience does your organization have available to ensure that the project will be carried out according to plan? In addition, tell how many years your organization has been active in Otsego County; please attach list of names, titles and phone numbers of the officers of your organization.

If grant is awarded, name & address of organization to which checks should be paid if different from above:

Signature of applicant:

Date: