



Ann Bancroft Foundation

GRANT PROGRAMS GUIDELINES AND CRITERIA **for girls**

DARE TO DREAM GRANTS

Fund Art, Cultural, Leadership, Educational and Outdoors/Wilderness Experiences

- Girls age 10 – high school graduation are eligible
- Applicants must be Minnesota residents
- Requests cannot exceed \$500

LET ME PLAY GRANTS

Fund Sport, Athletic & Dance Equipment, or Participation Fees

- Girls age 5 – high school graduation are eligible
- Applicants must be Minnesota residents
- Requests cannot exceed \$500

GRANT APPLICATION DEADLINES: SPRING (APRIL 1) or FALL (OCTOBER 1)

For any questions, please call 612.338.5752 or e-mail info@annbancroftfoundation.org

SEND COMPLETED APPLICATIONS TO:

Email: info@annbancroftfoundation.org
Mail: Ann Bancroft Foundation, 211 North 1st Street, Suite 480, Minneapolis, MN 55401
Fax: 612.339.2192

GRANT APPLICATION GUIDELINES:

- Each applicant must have a non-immediate family (not the girl's mother, father, sister, brother, aunt, uncle) adult mentor who will guide her through the application process and, if funded, the registration process for the activity being funded.
- Parent/guardian and/or mentor cannot be the same as Activity Provider.
- Applications must be completed and signed by applicant and mentor as well signed by the parent/guardian.
- Dare to Dream Grant applications including items for purchase such as computers, cameras, building/activity supplies and other tangible items in activity cost are not fundable.
- Former grantees may not re-apply.
- Late, incomplete, and/or group applications will not be considered.
- The activity being funded must begin after the grant notification date (May 20 or November 20) and must be completed by high school graduation.
- Applicants will be notified of their grant status on or before the grant notification date— all decisions are final.
- The check for the activity will be made out to the organization providing the activity as listed on the application.
- Grant checks will be made out to only ONE activity provider and sent directly to the activity provider.
- For any check cancellation requests due to lost or stolen checks, there will be a \$31 fee expensed to the grantee.
- If for some reason, all proceeds from the grant are not used, the grantee will return those funds to Ann Bancroft Foundation as soon as possible.
- Each grantee and mentor will be required to complete a post-activity follow-up to share their experience with ABF.

For your reference, The Ann Bancroft Foundation (ABF) does not investigate or inquire into the qualifications, competency, safety, or appropriateness of the activity, program, providers or mentor for which the grant application was made. ABF is a granting organization only and relies upon the applicant, mentors and activity providers to determine the propriety and safety of any given activity or program for a grantee. Therefore, by distributing a grant, ABF does not endorse or make any other representations regarding the chosen activities, programs, providers or mentors. The grantee's participation in any given activity or program will be governed by the activity provider's terms of use or activity requirements.



Ann Bancroft Foundation

GRANT PROGRAMS GUIDELINES AND CRITERIA **for mentors**

DARE TO DREAM GRANTS

Each application received will be screened by a representative from the Ann Bancroft Foundation (ABF) before going to committee to ensure that it is complete and valid. Please read the entire application thoroughly to ensure that the grant fits your girl's needs. If you have any questions, please contact the ABF at info@annbancroftfoundation.org or 612.338.5752.

Please be sure your mentee is eligible for an Ann Bancroft Foundation Grant:

- She is a resident of Minnesota (exchange students do not qualify)
- She meets the age guidelines for the program to which she is applying
- She has never received an Ann Bancroft Foundation grant previously, and
- She needs support in order to realize her potential and would not normally be able to afford this activity.

LET ME PLAY GRANTS

Please make sure you are eligible:

- You are not an immediate family member (parent, guardian, brother, sister, aunt, uncle). Immediate family member is defined as: biological parent or individuals who act as parents to children who have been legally adopted, are foster children, stepchildren, or legal wards.
- You are not the activity provider, nor are you employed by the activity provider. You will not derive personal financial gain in any way from the activity provider.
- Your responsibilities as a mentor for an Ann Bancroft Foundation Grant Application are:
- To oversee all aspects of the application process, making sure that the application is complete and questions thoughtfully answered. The grant selection is based upon the girl's answers as well as the mentor's answers, so please make sure that both sections contain complete information and that the application is received in the Ann Bancroft office on the date it is due as posted at AnnBancroftFoundation.org via postal service (postmark date accepted), email, or fax.
- To verify that your mentee truly needs the grant in order to participate in this activity, and that this activity will help your mentee fulfill her dream.
- To follow your mentee throughout the process, providing assistance with registration for the activity if needed, and receiving and delivering the grant check to the activity provider.
- To submit a final report and to ensure that your mentee also completes her final report within six weeks of the completion of her activity.

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PART A: application cover sheet

Please print clearly and ensure each section is complete. Incomplete applications will not be considered by the granting committee. Submit the original completed forms prior to deadline and make copies for your mentor and you to keep.

Application Program (check applicable box): Dare to Dream Let Me Play

Grant Year: _____ Grant Cycle: Spring Fall

Girl Name (first and last): _____ Date Submitted: _____

Home Street Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Type: Home Mobile Other

Email: _____

Preferred Method of Contact: Phone E-mail

Date of Birth: _____ Age at time of application: _____

Grade: _____ School Girl Attends: _____

Ethnic Background (check all that apply):

- Asian American African American Caucasian Hispanic
- Hmong Native American Pacific Islander Somali Choose not to share

Other (please specify): _____

How did you hear about this grant?: _____

Parent/Guardian Name (first and last): _____

Home Street Address (if different from applicant): _____

City/State/Zip: _____

Phone: _____ Type: Home Mobile Other

Email: _____ Type: Personal Work

Preferred Method of Contact: Phone E-mail

Mentor Name (first and last): _____

Mailing Address: _____

City/State/Zip: _____ Type: Home Work

Phone: _____ Type: Home Mobile Other

E-mail: _____ Type: Personal Work

Preferred Method of Contact: Phone E-mail

Grant/Activity Description: _____

Grant Request Amount: _____ Total Cost of Activity: _____

Activity Start Date: _____ Activity Registration Date (if applicable): _____

Activity Provider Name (as would be written on grant check): _____

Activity Contact Name (first and last): _____

Activity Mailing Address: _____

Activity City/State/Zip: _____

Activity Phone: _____

For Office Use Only

Date Received:

Notes:

Reviewed By:

Data Entry Date:



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PART B: girl application

Applicant Name (first and last): _____

Application Program (check box): Dare to Dream Let Me Play

Grant Year (check box): Spring Fall

This section must be completed fully to be considered by the selection panel. Please answer the following questions on a separate sheet(s) of paper, answering clearly and thoroughly in your own words. The more detail you can share about your activity and dream, the more we will be able to understand.

1. What is your dream related to this activity?

2. What do you hope to learn or accomplish from this activity?

3. Is anyone helping you achieve your dream? If so, who?

4. Are you raising additional money to make participation in this activity possible? If so, how?

5. Please provide a short cost breakdown for this activity (how much it costs, etc.).

6. Optional: Attach brochures and/or information web links about the activity if available.

EVERY DREAM STARTS SOMEWHERE



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PART C: **mentor application**

Mentor First and Last Name: _____

Phone: _____ Type: Home Mobile Other

E-mail: _____

Preferred Method of Contact: Phone E-mail

Mentee First and Last Name: _____

Relationship to Mentee: _____

Please answer the following questions on behalf of your mentee:

1. Why do you feel that this experience will be important to this girl?
2. What criteria do you use to assess the need of the applicant?
For example, financial need, personal challenges, or other barriers?
3. Why is this a good time for this girl to participate in this activity?
4. What do you hope your mentee will learn or achieve from this experience?
5. How will you support your mentee in her activity?

EVERY DREAM STARTS SOMEWHERE



Ann Bancroft Foundation

PART D: application checklist & signatures

The following information is complete and included in this application:

- Part A: Application Cover Sheet
- Part B: Girl Application
- Part C: Mentor Application
- Part D: Application Checklist and Signatures

REMEMBER: Make copies of all application materials for yourself and your mentor before submitting to Ann Bancroft Foundation for consideration.

I have fully completed all sections and questions in my application for a Dare to Dream or Let Me Play grant. I have read (or was read to) and understand all the requirements and guidelines to be considered for a Dare to Dream or Let Me Play Grant. I am aware of all deadlines for the application process and the consequences of not meeting those deadlines. I acknowledge that the Ann Bancroft Foundation (ABF) does not investigate or inquire into the qualifications, competency, safety, or appropriateness of the activity, program, providers or mentor for which the grant application was made. ABF is a granting organization only and relies upon the applicant, mentors and activity providers to determine the propriety and safety of any given activity or program for a grantee. Therefore, by distributing a grant, ABF does not endorse or make any other representations regarding the chosen activities, programs, providers or mentors. The grantee's participation in any given activity or program will be governed by the activity provider's terms of use or activity requirements. Should any major plans change once I have applied and/or been granted funds, I will contact the appropriate Ann Bancroft Foundation staff.

Girl signature: _____ Date: _____

I assisted my mentee in completing this application and have reviewed all sections and questions to ensure its accuracy. I am aware of the requirements and guidelines of the Dare to Dream/Let Me Play grant that my mentee is applying for and will continue to support her throughout the completion of her activity. I acknowledge that the Ann Bancroft Foundation (ABF) does not investigate or inquire into the qualifications, competency, safety, or appropriateness of the activity, program, providers or mentor for which the grant application was made. ABF is a granting organization only and relies upon the applicant, mentors and activity providers to determine the propriety and safety of any given activity or program for a grantee. Therefore, by distributing a grant, ABF does not endorse or make any other representations regarding the chosen activities, programs, providers or mentors. The grantee's participation in any given activity or program will be governed by the activity provider's terms of use or activity requirements. Should any major plans change once she has applied and/or been granted funds, I will contact the appropriate Ann Bancroft Foundation staff.

Mentor signature: _____ Date: _____

I recognize that it is the applicant and mentor's responsibility to fulfill the requirements for a Dare to Dream or Let Me Play grant, including all deadlines, and understand she must uphold all guidelines. I acknowledge that the Ann Bancroft Foundation (ABF) does not investigate or inquire into the qualifications, competency, safety, or appropriateness of the activity, program, providers or mentor for which the grant application was made. ABF is a granting organization only and relies upon the applicant, mentors and activity providers to determine the propriety and safety of any given activity or program for a grantee. Therefore, by distributing a grant, ABF does not endorse or make any other representations regarding the chosen activities, programs, providers or mentors. The grantee's participation in any given activity or program will be governed by the activity provider's terms of use or activity requirements. Should any major plans change once she has applied and/or been granted funds, I will contact the appropriate Ann Bancroft Foundation staff.

Parent/guardian signature: _____ Date: _____

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