



INSTRUCTIONS FOR GRANT APPLICATION – ACADEMIC YEAR 2016-2017

1. The deadline for the 2016-2017 Mentor M/E Grant Award Application: May 12, 2017. Applications received after May 12, 2017 5pm MST will not be considered. Email application to Ashley@dreamcatchers1.org
2. Only one application per student will be considered
3. Attach a current photo with mentor (If one is available)

Consideration for the Mentor M/E Grant is based on participation in DreamCatchers Club and the mentor is a teacher, hospice staff member, school faculty or leader/liaison for DreamCatchers Club. This includes high school teacher, in-home hospice staff, community college or university professor, counselor, principal etc. Grant award monies will be made out in mentor's name and student MUST hand deliver check as a "Thank You."

MENTOR/EDUCATE - Hospice DreamCatchers Foundation Mentor M/E Grant Award

Mentor M/E Grant Award Application *PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

Applicant Information – Your Information

Student Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: () _____

DreamCatchers Club
Name/Location: _____

DreamCatcher Mentor Information

Mentor Full Name and
Position: _____
Last *First* *Position (i.e. Teacher, Hospice Staff etc.)*

School/Hospice Place of
Employment _____
Place of Employment *How many years?*

Current Club: _____
How many club members do you have? *How many years has mentor been with
DreamCatchers Club?*

Your Relationship: _____
How many years have you known mentor?

What other hobbies is
your mentor involved in? _____
How does your mentor enjoy his/her time off?

Your Dreams

Why did your mentor join DreamCatchers?

Describe the time commitment your mentor has given you and your club members:

What positive difference has your mentor made in your life?

How did you hear about this scholarship?

Email

Website

DreamCatchers Student

Social Media

Hospice Staff Member

Other

