

**DECORAH COMMUNITY SCHOOL DISTRICT FOUNDATION
RUSS FREERKING SPANISH STUDY GRANT**

APPLICATION FOR FUNDING

Please complete in ink, type or word process

Student Name _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell phone _____

Current Grade _____

Name of Study Abroad Program _____

Location _____

Dates _____

Name of Sponsoring Institution _____
(if applicable)

Description of your selected Study Abroad program (please attach any relevant printed materials)

Why do you want to attend this program and what do you hope to gain from attending?

How will you share your experience with other students and teachers?

What are the costs of attending the program?

- Tuition _____
- Room & Board _____
- Materials _____
- Transportation _____
- Total _____

These expenses will be paid from the following sources (please list the amount):

- Parent/Guardian _____
- Fundraising _____
- Scholarships _____
- Freerking Award Request _____
- Other _____

Are there any special circumstances the selection committee should consider?

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, do authorize the Decorah Community School District Foundation to release information which is contained in my Freerking Spanish Study Grant application form to any person or entity for any purpose which is related to the goals and objectives of the DCSD Foundation.

A photocopy or exact reproduction of this authorization for release of information shall have the same effect as the original.

Printed Name _____

Student Signature _____

Date _____

Parent/Guardian Signature _____

Signature of Spanish faculty member recommending student

*Please return this form to Central Administration Office, 510 Winnebago Street, Decorah, IA 52101
no later than March 1.*