



# INTERNSHIP GRANT PROGRAM APPLICATION

**APPLICATION DEADLINE: 5PM ON FRIDAY, APRIL 19, 2024**

District Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

1. Has your district ever received funding from the SDAO Internship Grant Program?  Yes  No
2. Does your district have funds available to match the grant funds awarded?  Yes  No  
Please provide the total project expense and time frame:
3. Describe your project and explain its benefit(s) to your district, the work study employee, and other special districts:
4. How does the project improve your district's best practices and/or safety program?
5. Is this an urgent need?  Yes  No  
If yes, please explain:
6. Explain how your project is sustainable (able to continue in the future without grant funding):
7. Is there additional information about your request the Awards Committee should consider?