



Dear Applicant:

Thank you for your interest in our Activities Access program. This program is designed to assist students with **financial need** who want to participate in an Ocean City School District program.

An Activities Access grant **online application** can be found on our website at OCNJEF.com.

A hard copy of the application will also be accepted. Applicants should complete the attached form and have a parent/guardian sign it and return it to the OCEF at P.O. Box 1164, Ocean City, NJ 08226 or email it to info@ocnjef.com.

Please include the name of a teacher or advisor whom we may contact if we have questions about the program. If you need more space please attach an additional piece of paper to your application. You may also attach information about the activity and program for which you are requesting funding.

Activities Access Grantees may be awarded up to \$300 per application. (OCEF reserves the right to limit the number of grants to any individual student during the school year.) If you have any questions about the program, please feel free to email OCEF president, Jennifer Shirk at jhshirk@verizon.com.

Thank you

Jennifer Shirk
OCEF, President



Date _____

**Ocean City Education Foundation Student Activities Grant Application
2021-2022 School Year**

Applicant Name(s) : _____ School: _____

Advisor/Teacher's Name(s): _____ Advisor email or phone: _____

If the advisor/teacher is completing the application:

How do you know this/these students: _____

Total number of students needing financial assistance: _____

Description of activity in need of funding:

Total cost to student for this activity: _____ Amount of Grant Requested: _____

(Max Request: \$300/student)

Is student eligible for federal Free and Reduced Lunch program? (circle) Yes No
(if the answer is "NO", please SKIP the next question)

If "YES", please briefly explain your need for financial
assistance: _____

Organization Name to Issue Check to (if approved): _____

Mail Check to this address: _____

Name of parent/guardian

Signature of parent/guardian

Email/phone of parent/guardian

By signing, you are giving OCEF permission to view this application.

(PCEF use only)

Approved Declined

Amount \$ _____
(max grant: \$300/student)

Date

OCEF President signature