

**Model for Academy Philanthropy Application—Option Three**

Name of Institution\_\_\_\_\_

Address\_\_\_\_\_

General Phone and e-mail\_\_\_\_\_

Institution website\_\_\_\_\_

Person submitting request (name and title)\_\_\_\_\_

Phone and e-mail\_\_\_\_\_

Principal and time in current position\_\_\_\_\_

Fundraising experience/involvement: yes\_\_\_ no\_\_\_ role or activity\_\_\_\_\_

Conference president and time in current position\_\_\_\_\_

Fundraising experience/involvement: yes\_\_\_ no\_\_\_ role or activity\_\_\_\_\_

Board chair and time in current position\_\_\_\_\_

Fundraising experience/involvement: yes\_\_\_ no\_\_\_ role or activity\_\_\_\_\_

Year school established\_\_\_\_\_

Grades\_\_\_\_\_

Fundraising software currently in use\_\_\_\_\_

Alumni database: yes\_\_\_ no\_\_\_ number of records

Fundraising personnel: yes\_\_\_ name\_\_\_\_\_ no\_\_\_

Dollars raised in past two years: YTD \$\_\_\_\_\_ Last FYI \$\_\_\_\_\_

Reason for applying for MAP grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application documents to be included:

\_\_\_ Completed application with signatures

\_\_\_ Operating budget with actuals for current YTD and previous school year

\_\_\_ School strategic plan or most recent school evaluation/assessment

\_\_\_ Board list including name of member, position on board, occupation, length of service

Signatures:

Principal \_\_\_\_\_

Date \_\_\_\_\_

Board Chair \_\_\_\_\_

Date \_\_\_\_\_

Please e-mail application to:

Dr. Lilya Wagner, CFRE and Lorena Hernandez

[lilyawagner@nadadventist.org](mailto:lilyawagner@nadadventist.org), [lorenahernandez@nadadventist.org](mailto:lorenahernandez@nadadventist.org)

Phone for questions and comments: 800.622.1662 or email [helpdesk@nadadventist.org](mailto:helpdesk@nadadventist.org)