

# APPLICATION FOR WILLSON FUNDS

## PREFACE

The monies USD #498 receives from the Willson Trust can only be used by the school district exclusively for public educational purpose in the City of Waterville, Kansas. With these restrictions in mind, please provide the following information:

1. Name of individual, organization and/or governmental entity requesting funds:
  
2. Amount of funds requested:     \$ \_\_\_\_\_
  
3. Please state with specificity the following regarding the requested funds:
  - a) The public educational purpose for which the funds are to be used:
  
  - b) How will these funds be used exclusively for public educational purposes in the City of Waterville, Kansas?
  
4. Will the requested funds replace a program or activity that has traditionally been funded by general fund taxes?  
Yes \_\_\_\_\_           No \_\_\_\_\_  
If "yes", please explain the need to replace the funding source.
  
5. Is this funding request an activity that could be or has been conducted by the Community Education organization?  
Yes \_\_\_\_\_           No \_\_\_\_\_           Not Applicable \_\_\_\_\_
  
6. Will this activity require additional funding on a regular basis, e.g., annually?  
Yes \_\_\_\_\_           No \_\_\_\_\_  
If "yes", what is the anticipated date for the next request?

7. If you wish, please explain in more detail how the public educational interests of the citizens of Waterville will benefit if your request is granted. Use this space or attach additional pages to further explain your request, including an expenditure plan, exact cost of activity, etc.

8. If this request is approved, to whom should the check be made payable?

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

\_\_\_\_\_

NAME & ADDRESS OF CONTACT REPRESENTATIVE OF APPLICANT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Date

*Note: This application will initially be reviewed by the Board of Education to determine whether the stated purpose of the requested Willson Trust funds complies with the terms of the Willson Trust. The Board of Education may seek advice from the school district's attorney to ensure the application is in compliance of the Willson Trust. The application will be considered by the USD 498 Board of Education at a regularly scheduled board meeting.*

APPLICATION:  *Approved*  *Rejected by School's Attorney*

\_\_\_\_\_  
Arvid V. Jacobson, School District Attorney

\_\_\_\_\_  
Date

APPLICATION:  *Approved*  *Rejected by USD 498 Board of Education*

\_\_\_\_\_  
Date