2026-2027 Ongoing Education Funds

Ongoing Education Funds

1. A total of $40,000 is available for Ongoing Education during the Foundation's fiscal year, which ends June 30, 2027.
2. A nonprofit is eligible to receive a total of $1,500 during the Foundation's 2026-2027 fiscal year.
3. Funding is available to nonprofits, which have (501(c)(3) tax exempt status, have applied for and received Form 102 recognition of the nonprofit being in compliance with the registration requirements of section 57-49 of the law. Copies of these two documents must be on file at the Foundation's office. *Please call Sister David Ann concerning any problems related to the Form 102..*
4. The funds may be used to pay
   - the **registration fee** for a specific local, state, national training/workshop/conference/class
   - **travel** to a specific local, state, national training/workshop/conference/class
     - The nonprofit's Executive Director must approve staff attendance at a local, state, national training/workshop/conference/class.

(OVER)

5. A nonprofit applying for funding must complete and submit the attached form, which can be mailed or scanned to the Foundation.
6. **Proof of attendance** at a workshop/conference/class or the completion of training must be submitted to the Foundation within a ***month*** from the date of the completion of the training/workshop/conference/class.
7. **Proof of travel expenditures** to attend a training/workshop/conference/class must be submitted to the Foundation within a ***month*** from the date of the training/workshop/conference/class.
8. **Other Materials/Information** requested in the Statement of Agreement.

APPLICATION
ONGOING EDUCATION FUNDS 2026-2027
2 BERNARDINE DRIVE
NEWPORT NEWS, VA 23602
ATTENTION: SISTER DAVID ANN NISKI
Fax: 757-886-6881
E-mail: david_niski@bshsi.org

Nonprofit_____

Name of the person completing the application for the Ongoing Education Funds

_____

Contact information for the person completing the application (email address and telephone number)

_____

Nonprofit mailing address

_____

Name, date and location of the training/workshop/conference/class

_____

_____

Means of transportation to the training/workshop/conference/class _____

Amount requested - **fee** _____ Amount requested - **travel** _____

(OVER)

Name(s) of the individual(s) attending the training/workshop/conference/class

_____

_____

_____

Please attach a copy of the material, which describes the training/workshop/conference/class.

Executive Director's Signature _____