



MACC SHINING STAR GRANT PROGRAM

Our Mission

Enriching the Milton Community where we work and play by giving back and conveying a ray of light to those experiencing hardship.

Our Vision

To transform the Milton community where we work and play by giving back and conveying a ray of light to those experiencing hardship.

APPLICATION

The MACC Shining Star grant program is a program that allows for assistance to community members who are in need of a helping hand.

What is the Grant's review process? The Shining Star Grant Program Committee will review applications on an as needed basis and will make decisions based on the provided information and the expertise of the committee. Once a decision is reached, you will be notified promptly either by email or by telephone.

What is required?

- The recipient must live within the School District of Milton boundaries or have students in the School District of Milton.
- An application must be completed in order to process the request.
- The request for funds is limited to \$500.
- The application must include specific details with an estimate for the service or item you are requesting.

I have read and understand the terms of consideration for funding from the MACC Shining Star grant program. Based on the information above, I believe that the recipient qualifies for funding.

SIGNATURE

DATE

MACC Shining Star Grant Program

Recipient Information (Please Print) Today's Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Your information, if different from recipient information

Name: _____

Phone Number: _____ Email: _____

What kind of need or service are you requesting?

Amount requested: \$ _____

Please explain the financial hardship and what is the need for funding. Be specific.
If requesting a specific item, paste Internet link to item here or attach a separate sheet of paper with item information. (If selected, this does not guarantee item will be the exact item requested or purchased from the same business listed in this application)

Application should be submitted to the Milton Area Chamber of Commerce by email to execdir@visitmilton.com or mailed to 144 Merchant Row, Milton WI 53563