Linda LeSueur Memorial Fund

In order to honor Linda LeSueur’s commitment to the Christian education of children, the N. GA United Methodist Preschool Association has established a memorial fund in her name. This money has been set aside by the executive board to assist preschools who are going through the certification process—to either work toward becoming or maintaining their status as a certified program of excellence.

- Four gifts of up to $500 each are available each year to be awarded to preschools that are in the process or have completed the application process.
- The money can be used for items such as: staff training, classroom equipment (sand/water/sensory tables, etc.), curriculum, playground upgrades (equipment, sand, mulch, etc.) or other items that the school needs, but can’t afford, to meet the certification requirements and school goals for recertification.
- Schools who apply must be a member of the N. GA United Methodist Preschool Association.
- Schools may apply as many times as desired; however, a specific school may receive a gift only once in a 3-year period of time.
- The application must demonstrate a need for the money, and show how it will be used to meet a requirement for certification.
- Applications may be requested at the first or second director’s meeting or by email from Karen Coffeen (kcoffeen@duewest.org).
- Applications must be received by January 15th. Notification of gift recipients will be made prior to the last meeting of the school year.
Linda LeSueur Memorial Fund
Application

This application must be returned to Karen Coffeen no later than **January 15th**. Mail: Due West UMC Preschool, 3956 Due West Road, Marietta, GA 30064 Email: kcoffeen@duewest.org Phone: 770-590-0982

Official School Name ____________________________________________________________

Mailing address_______________________________________________________________

__________________________________________________________

Church Name_______________________________________________________________

Director’s Name ___________________________________________________________________

Phone: Program _____________________________ Cell ____________________

Email ________________________________________________________________________

Currently certified by the N. GA Conference? ___ yes ___ no
Applying for certification this year? ___ yes ___ no

Number of children currently enrolled in your program ____
Maximum enrollment for current year _______

Amount of money requested (up to $500) _______________________________

Please describe below the reason you are applying for this gift including what you will purchase and why you need this money.