**Organization Information**

|  |  |
| --- | --- |
| Name of Organization: | |
| Address line 1: | |
| Address line 2: | |
| City: | State:       Zip Code: |

**Primary Contact/Grant Requestor**

|  |  |
| --- | --- |
| Name: | Phone: |
| Fax: | Email: |

**Project Information**

|  |
| --- |
| Title of Project: |
| Brief Description (include any pertinent grant history or other funding information, the purpose and scope of the project, a statement of need, the target audience and reference to any supporting materials attached including pictures, diagrams, budget information, etc. Description should not exceed 1000 words). |

|  |
| --- |
| Expected Outcome/Final Product: (not to exceed 500 words) |

|  |  |
| --- | --- |
| Projected Dates for Project: Start: | End: |

|  |
| --- |
| Total funding request: $  (If more than $200 an itemized budget must be attached) |

|  |  |
| --- | --- |
| Signature of Applicant:  (type name for electronic submissions) | Date: |

Please submit completed forms to the Educational Grants and Scholarship Committee Chair, Pam Tegelman Malabad

Electronic submissions: pam.teg.mal@gmail.com

Or by mail: Pam Tegelman Malabad

231 Price Street

Blacksburg, VA  24060