**Organization Information**

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

**Primary Contact/Grant Requestor**

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

**Project Information**

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| --- |
| 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).       |

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

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

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| 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