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| U:\Logos and Headers\Logos\WVSU Foundation\FoundationLogo.png   |  |  |  | | --- | --- | --- | | **Applicant Information** | | | |  | **Please read and complete this submission form carefully.** |  | |  |  |  | |  | Name(s) of Individual or Organization |  | |  |  |  | |  |  |  | |  | Contact Name / Phone |  | |  |  |  | |  | Mailing Address |  | |  |  |  | |  | City |  | |  |  |  | |  | State |  | |  |  |  | |  | Zip/Postal Code |  | |  |  |  | |  | Email address |  | |  |  |  | |  |  |  | |  |  |  | | **Proposal Information** | | | |  | | | |  | **Please provide details about your request** |  | |  |  |  | |  | Program / Project Title |  | |  |  |  | |  |  |  | |  | Program/Project focus area |  | |  |  |  | |  | Please describe the primary purpose of the program or project including the goals, objectives, and how it addresses a particular need. |  | |  |  |  | |  | Program / Project Budget |  | |  | Total Budget: |  | |  | Requested Grant Amount: |  | |  | Will there be any tangible benefit to WVSU as a result of this requested support? |  | |  |  |  | |  |  |  | |  | Program/Activity/Event Start Date |  | |  |  |  | |  |  |  | |  | Program/Activity/Event End Date |  | |  |  |  | | **Attachments:** | | | |  | List of current faculty, staff or organizational leaders associated with application if applicable |  | |  |  |  | |  | Additional Documents to support this application (optional) |  | |  |  |  | |  | **Please save as a PDF copy, attach and forward to: M. Sue Woodward, CFRE, VP WVSU Foundation:** [**sue.woodward@wvstateu.edu**](mailto:sue.woodward@wvstateu.edu) **Thank you.** |  | |  |  |  | |