



**CAMPUS GRANT APPLICATION**

Please print clearly

Name of applicant: \_\_\_\_\_ Position: \_\_\_\_\_  
Last First Middle Initial

Organization name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Cell phone:(\_\_\_\_\_) \_\_\_\_\_ Office phone:(\_\_\_\_\_) \_\_\_\_\_

Purpose of the grant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The time period that the grant will include:  
Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Students who will be included in the activities that this grant will support:

| Name  | Email | Cell phone    |
|-------|-------|---------------|
| _____ | _____ | (_____) _____ |
| _____ | _____ | (_____) _____ |
| _____ | _____ | (_____) _____ |
| _____ | _____ | (_____) _____ |
| _____ | _____ | (_____) _____ |
| _____ | _____ | (_____) _____ |
| _____ | _____ | (_____) _____ |
| _____ | _____ | (_____) _____ |

Amount requested: \$ \_\_\_\_\_ A budget for the grant should accompany this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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