

**VALLEY QUILTERS' GUILD, INC.
GRANT APPLICATION**

FULL NAME _____

ADDRESS _____ City _____ Zip _____

PHONE: HM _____ CELL _____ EMAIL: _____

NAME OF SCHOOL UNIT IS TO BE TAUGHT AT:

UNIT LENGTH (1 WEEK, 1 MONTH ETC.): _____ GRADE LEVEL TAUGHT _____

PROPOSED CURRICULUM OUTLINE: _____

END PRODUCT EXPECTED: _____

COSTS GRANT IS EXPECTED TO COVER (I.E. TYPE OF MATERIAL, INSTRUCTION BOOK
NAME, ETC.) ITEM COST \$

(Use back of form if more room is required)

TOTAL AMOUNT OF MONEY REQUESTED \$ _____

BRIEFLY STATE WHY YOU SHOULD BE CONSIDERED FOR THIS GRANT:

HAVE YOU EVER RECEIVED A VALLEY QUILTER'S GUILD GRANT? _____
IF SO, WHEN? _____

Signature _____

Date _____