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2018-2019

**MINI GRANT APPLICATION | COVER PAGE**

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Name of School/Unit/Department: Click here to enter text.

Name of Project Requesting Funding: Click here to enter text.

Amount of Funding Request: Click here to enter text. Date(s) of Project: Click here to enter text.

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***IMPORTANT NOTE:*** Post Project Evaluations **must** be completed and submitted to SWCF within 30 days after project is concluded.

**Future funding requests will NOT be considered if the Post Project Evaluation form is not submitted in compliance with this requirement (see next page).**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUIRED COLLEGE SIGNATURES**

Project Director Name: Click here to enter text.

Telephone: Click here to enter text. Email: Click here to enter text.

**Important Note: Below signature of Dean, Vice President and/or Student Club Advisor** indicates that the proposed activity is approved and in alignment with the strategic priorities of Southwestern College.

Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.

 Print Name Signature/Title Date

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**SWC FOUNDATION APPLICATION REVIEW PROCESS AND DETERMINATION** *(for SWCF use only)*

**Approved:** ☐Yes ☐No **Review Date:** \_\_\_\_\_\_\_\_\_\_ **Amount:** \_\_\_\_\_\_\_\_\_\_ **Notification Date:** \_\_\_\_\_\_\_\_\_\_\_

**SWCF Authority:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_