



**KIRTLAND COMMUNITY COLLEGE
Application Cover Sheet**

Name of Department: _____ Date: _____

Project Leader: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

Email: _____

Project Name: _____

Dates of Project: _____ Amount Requested: _____

Is project on campus? Yes No Total project cost: _____

If no, indicate area served:

List any previous support from Kirtland Community College Foundation in the past five years:

Executive Summary:

Purpose of grant:

Evaluation:

Organizational Information:

Signature, Project leader

Date: _____

Typed Name and Title

Signature, Project leader

Date: _____

Typed Name and Title