Application for Grant: Charitable Account

Date:

Applicant Organization

Name

Address

What is the purpose and/or mission of this organization?

Applicant Representative

Name Phone

Email

Grant Request

To which general area(s) of support does this grant request apply? (Check all that apply)

- ☐ A. Community Health & Wellness
- ☐ B. Children & Young Adults
- ☐ C. Senior Services
- ☐ D. Other (Specify)

What is the purpose of the grant request? (Be specific regarding how requested funds will support the organization's mission.)

What dollar amount is requested for this grant?

Is there a timeframe associated with this request (e.g., seasonal)?

Please add pages as required. When complete, return the application to:
Williamsburg Presbyterian Church, 215 Richmond Road, Williamsburg, VA 23185
Attention: Chair, Endowment Fund OR submit via email to endowment@mywpc.org

Submit

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