

## 2024-25 FACULTY AND STAFF GRANT PROGRAM APPLICATION

Name of Project/Program:		Date:	
Applicant's Name:			
GCC Position:		Department:	
E-mail:		Phone	
Please check which cate	gory best describes you Athletics & Fitness	· <u>-</u>	College Operations & Facilities
Humanities/Social Sciences	Science & Technology	Other	
Amount requested: \$_			
<ul> <li>What are the bene</li> <li>How does this project</li> <li>Timeline for the proposition</li> <li>How do you proposition</li> <li>Please list any other already awarded</li> <li>How will the Found</li> <li>How do you plan to</li> <li>If your project/prog</li> </ul>	ed in the project/progration of this project/program support to oject/program. See to use the funds received sources of funding your dation's support be received evaluate this project gram is successful, how	gram to the students, co the College's <u>Institutiona</u> quested? Please include ou have applied for and cognized?	specific budget include dollar amounts if tice moving forward?
Subr	mission Deadline – Thur	sday, May 30, 2024 by 5:0	O PM PST
Your signatu	e indicates approval of	this request to the Glenda	lle College Foundation
Applicant's signature			
Chair or Department	Head Signature		
Print name of Chair o	r Department Head		
Grant Review Committe	e comments and/or rec	ommendations:	
This grant was denied/a	pproved on	The amount awarde	ed is \$