

# The Columbus Phipps Foundation

P. O. Box 1145

Clintwood, Virginia 24228

**Director:**  
Paul D. Buchanan

**Trustees:**  
Jerry Artrip  
Dr. Jewell Askins  
Michael Strouth  
Clarence Phillips

## APPLICATION FOR FUNDS FOR CULTURAL OR EDUCATIONAL ACTIVITIES

**Name of School:** \_\_\_\_\_

**Person making request:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_

**Address of School:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Amount of Grant requested:** \_\_\_\_\_

**What are the anticipated expenses of this activity?** \_\_\_\_\_

**Type of Activity:** Art \_\_\_\_\_ Drama \_\_\_\_\_ Music \_\_\_\_\_ Research \_\_\_\_\_  
Literature \_\_\_\_\_ Science \_\_\_\_\_ Math \_\_\_\_\_ Other \_\_\_\_\_

**Describe the activity:** \_\_\_\_\_

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**Will this activity supplement a present program or will it provide a totally new experience?** \_\_\_\_\_

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**How do you expect this activity to benefit the educational experience of the recipients?** \_\_\_\_\_

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**Who will perform or provide the activity?** \_\_\_\_\_

**How many persons do you expect will benefit from this activity?** \_\_\_\_\_

**Additional information that you feel may be pertinent to this application:** \_\_\_\_\_

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**Signed** \_\_\_\_\_

**OFFICE USE:**

**Date approved:** \_\_\_\_\_

**Date rejected:** \_\_\_\_\_

**Signed by Director:** \_\_\_\_\_