The Columbus Phipps Foundation

P. O. Box 1145 Clintwood, Virginia 24228

Director: Paul D. Buchanan Trustees:
Dr. Jewell Askins
Clarence Phillips
Michael Strouth
Jerry Artrip

APPLICATION FOR FUNDS FOR SCHOOL RELATED ACTIVITIES

Name of student:	
Address:	
Telephone Number: Date	te of Application:
School or College in which you are enrolled:	
Give the type of activity for which funds are requ Drama MusicTrip	uested? Art _ Other
Describe the activity:	
How do you expect this activity to benefit your e	ducational experience?
Who will provide this activity?	
Give information about the individual or group	
What are your anticipated expenses of this activity?	
Amount of assistance from all other sources: Se School: Other:	elf: Family: _ Total:

Phone: (276) 926-8152 E-Mail: **cpf@dcwin.org** Fax: (276) 926-8152