

Valparaiso Project Practice Grants Program  
Linwood House  
Valparaiso University  
Valparaiso, IN 46383-6493

Date: \_\_\_\_\_

**Valparaiso Project Grants Program  
Project Abstract**

**Project Director's Name:** \_\_\_\_\_  
First Middle Last

**Project Title:** \_\_\_\_\_  
\_\_\_\_\_

*Describe your project in one paragraph of 200 words or less.*

**Project Summary:**