

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

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

### Applicant Information Form for Institutions

#### *Institution Information*

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Tax ID No. \_\_\_\_\_

#### *Project Information*

Project Director (include title): \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

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

Grant Amount Requested: \_\_\_\_\_

Proposed Grant Period: \_\_\_\_\_ to \_\_\_\_\_  
m/d/y m/d/y

#### *Reference Information*

Name (include title): \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_