



# WILLISTON STATE COLLEGE GRANT APPLICATION FORM

**PRINT THIS PAGE AND SEND TO:**

Williston State College Foundation | 501 18<sup>th</sup> Street East | PO Box 1286 Williston, ND 58801  
701.572.9275 (p) | [kim@wscfoundation.com](mailto:kim@wscfoundation.com)

\_\_\_\_\_ \$ \_\_\_\_\_  
Date Dollar Amount Requested

\_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Person Department Phone Number

\_\_\_\_\_ Department Head (print) Department Head (Signature) Date

Williston State College Executive Cabinet Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Division Head (print) Division Head (Signature) Date

\_\_\_\_\_ Date Funds needed

Have you previously applied for this grant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Purpose of Grant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will benefit:  
\_\_\_\_\_  
\_\_\_\_\_

**Annual Application Is Required**

**FOR OFFICE USE ONLY:**

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

Approved: Y \_\_\_\_\_ N \_\_\_\_\_

Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_