



Supporting Arts, Technology and Scholarships for VUSD students

VISTA EDUCATION FOUNDATION GRANT COVER PAGE

NAME OF ORGANIZATION: _____

ADDRESS: _____

PRIMARY CONTACT AND TITLE: _____

TELEPHONE: _____

PROJECT TITLE: _____

TOTAL PROJECT BUDGET: _____

TOTAL AMOUNT REQUESTED FROM VEF: _____

COMMENTS OR OTHER PERTINENT INFORMATION:

Complete Application and include with cover page.
Please allow a minimum of 30 days for review of application.

Vista Education Foundation funding support must be publically acknowledged by the applicant organization/department and/or any entity that provides goods, services or labor to implement or complete the goals or objectives of the proposed project. VEF reserves the right to use the funded project details in future marketing.