Patty Landrum Butterfly Scholarship Application for Scholarship Grant 2024

Please complete this application in its entirety and return no later than May 15, 2024.

| PART 1: ORGANIZATION INFORMATI | ON * 501 (c)(03) Tax status required |
|--|---------------------------------------|
| Organization Name: | |
| EIN: Organization Fiscal Year End (date): | |
| Organization Fiscal Year End (date). | |
| Organization Mailing Address : | |
| Primary Contact Name: | |
| Primary Contact Title: | |
| - | |
| Primary Contact Phone w/extension: | |
| | |
| Organization's Website: | |
| Providence church sponsor name (if an | y): |
| PART 2: ORGANIZATION PROFILE DO | escribe the Organization's Mission: |
| Organization's Budgeted Revenue for the | he Current Year: \$ |
| Organization's Principal Sources of Fina | ancial Support: |
| | |
| PART 3: GRANT REQUEST INFORMA | ATION |
| Amount of your request: \$ | |
| Describe how Scholarshin Grant will be | used. |

| What do you expect to achieve through receipt of this Grant? | |
|---|--|
| How will the results be measured? | |
| Has your organization partnered with Providence Presbyterian Church in the past? | |
| Have you previously requested funds from Providence Presbyterian Church? | |
| Have you previously received funds from the Providence Presbyterian Church? If so, provide details below: | |
| Please provide the following supporting documentation with this application: ■ Current Operating Budget ■ Most Recent Financial Statement ■ IRS 501(c)(03) Tax Exempt Determination Letter Application Submission Instructions Deadline: May 15, 2024 | |
| Send application via US Mail: Landrum Butterfly Scholarship Committee 5497 Providence Road Virginia Beach, VA 23464 | |
| Or via Email: office@provpres.org | |
| Questions: Email the Pastor at: pastor@provpres.org | |