

SVC | SKAGIT VALLEY COLLEGE
Foundation
Program Funding Request Form

Name & Title: _____

Program or Department: _____

Contact Phone: _____

Contact Email: _____

Amount of Request: _____

Date Funds Needed: _____

Other Funding Sources Explored:

Please attach 1-2 paragraph(s) describing how these funds will specifically support SVC's Mission, Core Themes, and Strategic Priorities. (You can reference [SVC's Strategic Plan, Operational Plan, and Strategic Enrollment Plan online](#)).

Specify if these funds will assist in keeping a student(s) enrolled at SVC (or increase enrollment), and/or how this will benefit the profile of the College in the Community. Please include an estimate of the number of students/faculty/staff/community members that will be impacted by these funds.

Signature:

(Type your name on the signature line if submitting electronically)

(Date)

Signature of Dean/VP:

(Email approval of Dean/VP is accepted in lieu of signature)

(Date)

Applications are due on the last Friday of April each year and we will notify you of our decision by the last Friday in June.

Thank you! We look forward to reviewing your request.