

Grant Application
PROGRAM

Peter Glenville Foundation
8421 Dorchester Road, Suite 190-122
North Charleston, SC 29420

Please complete the following in the spaces allotted.

1. Organization Name:

2. Name of Organization Executive Director:

3. Organization Address:

4. Organization Phone:

Organization Fax:

5. Organization Tax I.D.#:

6. Dollar Amount requested from Peter Glenville Foundation:

7. Total cost of the Program for which this grant is part or whole:

8. Description of Request:

9. Organization Mission Statement (brief summary, including year founded):

10. Brief description of population and geographical area served:

11. Why does the community need this program?

Grant Cycle
(For Office Use Only)