## **Request for Educational Use Grant**





Primary Contact	Title	
Educational Institution	Department	
Address	City	State Zip Code
Primary Contact Telephone (Office)	Primary Contact Telephone	(Cell)
Date Funds Are Needed		
I, (full name) am requesting the amount of \$ in grant monies from the Print and Graphics Scholarship Foundation on behalf of (educational institution and department) for the following educational purpose:		
Please submit your application to: <a href="mailto:contact@pgsf.org">contact@pgsf.org</a>		
Requests will be reviewed by members of the Print and Graphics Scholarship Foundation Board of Directors. You will be notified of the decision within five business days of receipt of request.		
By signing below, you acknowledge funds will be used for such expenses as trips to industry related events and/ or purchases of equipment for educational purposes only.		
Signature T	itle [	Date