

Creasy / Johnson Fund* Grant Program

Virginia Watercolor Society

Applicant Name / Participating Agency Name:

Address:

Telephone: _____ (agency) _____ (home) _____ (cel l)

Email:

Group age level(s): _____ Number of participants: _____
_____ Students
_____ Teachers
_____ Artists

Grant Amount Requested: _____
(include itemized project budget in attached project description)

Project Description – (one page attached to this application)

Project description must include description, objectives, itemized budget, artist qualifications (current VWS member(s) preferred). Results of project will be documented and displayed at the next VWS annual meeting with an exhibition of the students art work. Any other form of documentation such as videos, photos, home page productions would be appreciated. The recipient will provide black and white photos of the project for the use in the VWS newsletter.

Signature of applicant _____

Signature of authorizing official (agency) _____

Name and title of authorizing official (type or print) _____

**First save this completed form to your computer and then
EMAIL the completed Application Form to: gwenbragg@aol.com**

**and
MAIL one (1) copy of the completed Application Form to:**

**Creasy/Johnson Fund Grant Program
Virginia Watercolor Society
c/o Gwendolyn Bragg
2406 Apple Hill Road
Alexandria, VA 22308**