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| I:\Staff\Facilities\Shared\Archive\NWA-SAA-Professional-Work\NWAlogo1.JPG | Northwest Archivists |

## APPLICATION FORM: NWA Continuing Education Fund

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| --- |
| Principal Coordinator Information |
| |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  | |  | |  | Last |  | First | | Address: |  | |  | |  | Street Address |  | Office/Unit # | |  |  |  |  | |  | City | State | ZIP Code | | Email: |  | Phone: |  |  |  |  | | --- | --- | | Other coordinators: |  | |  |  | |  |  | |  |  | |
| Project Proposal |

|  |  |
| --- | --- |
| Name of Project: |  |
| Proposed Location of Activity: |  |
| Amount Requested: |  |

#### Proposed Use of Funds (describes the proposed activities in detail including anticipated audience)

Click here to enter text.

|  |  |
| --- | --- |
| Anticipated Date(s) of Activity: |  |
|  |  |

|  |
| --- |
| Attachments |

* **Budget Estimate (describe expenditures and, when applicable, which costs award will mitigate)**
* **Support Materials (could include letters of support, signatures of interest, or any documentation you believe supports your proposal)**