



**THE FOUNDATION**  
*for Mott Community College*

## Mini Grant Award Application

Please type or print your responses:

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department/Division \_\_\_\_\_ Phone/Ext. \_\_\_\_\_

MCC Student Club Name: \_\_\_\_\_ Advisor's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_  
(account number to transfer funds; if request is approved/need all 12 digits)

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Nature of Request (Explain): \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this benefit the College, Self and/or Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other College funds have you requested: \_\_\_\_\_

What external funds will you receive to meet the needs of this request? List source(s) and amount received.

Please attach:

- a. An itemized list detailing the expenses related to your need
- b. An advance copy of program, summary, brochure or any document to support this request.

**NOTE: There may be a possibility that you will be asked to make a presentation to the Foundation for Mott Community College Board of Directors on how the funding was used and the outcome. You will be notified by the President of the Foundation if a desired presentation is requested.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(office use only)

Recommendations: Approval Date: \_\_\_\_\_

Denial Date: \_\_\_\_\_

\_\_\_\_\_  
Executive Director

Date: \_\_\_\_\_

Comments: