



WVHEA

West Virginia Home Educators Association
P.O. Box 4241
Clarksburg, WV 26302
Phone 1-800-736-WVHE (9843)

Regional Outreach and Development Grant Application

Name of WVHEA Member _____

Address _____
(Street or P.O. Box)

(City/State/Zip) (County)

Phone _____ E-mail _____

Date and time of event _____

Location/address of event _____

Briefly describe event/project and amount requested, **\$500 maximum per request.** (May attach additional sheets as necessary.)

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Please explain how this project or event is consistent with WVHEA purposes as stated in the Constitution and By-laws. _____

Contact person (if other than applicant) _____

Address (if other than applicant) _____

(Street or P.O. Box)

(City/State/Zip)

(County)

Phone _____ E-mail _____

If children are involved please describe supervision provided _____

Anticipated cost to WVHEA members _____ others _____

Please attach a detailed budget for entire project, with an estimate of fixed and variable expenses and income along with any anticipated fees to be charged for participation and discounts for WVHEA members.

Mail completed application to: WVHEA, P.O. Box 4241, Clarksburg, WV 26302

Questions? Please call 1-800-736-9843 or email newinfo@wvhea.org.

For Office Use

Date application received: _____ Scheduled for review: _____

Received by: _____

Rev. 02/13

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