



**VASTA**  
**SPECIAL PROJECT GRANT**  
**APPLICATION**

Name of Contact Person \_\_\_\_\_

ASTA membership Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Project name \_\_\_\_\_

Number of People to Benefit from the Project \_\_\_\_\_

Number of VASTA Members who directly Benefit from the Project \_\_\_\_\_

Project Start Date \_\_\_\_\_

Project End Date \_\_\_\_\_

Venue of Project \_\_\_\_\_

Total Amount Requested from the Special Project Grants \$ \_\_\_\_\_

**DESCRIPTION OF PROPOSED SPECIAL PROJECT** (add attachments if desired)

What do you hope to accomplish?

How will this project help carry out VASTA's goals?

Describe the potential to recruit new VASTA members through this project.

**PROPOSED PROJECT BUDGET OUTLINE**

Estimated Expenses (i.e. postage, phone, progams, housing, meals, etc.)

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ Total Expenses

Estimated Income (i.e. participant fees, other grants, sale of ads, sponsorships, in-kind donations)

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ Total Income

Total Amount Requested should equal Expenses minus Income \$ \_\_\_\_\_

Submit to

VASTA SPECIAL PROJECT GRANTS  
c/o Lucy Manning  
5208 A Argall Ave.  
Norfolk, VA 23508

OR

Send as an attachment to:

[lmanning@odu.edu](mailto:lmanning@odu.edu)