



**SKEWES FAMILY**  
FOUNDATION

**Grant Application**  
**Phone 540-977-2149**

**Organization Name:** \_\_\_\_\_

**Federal Tax ID:** \_\_\_\_\_ **(attach 501(c)(3)form)**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_