

**Office of Development  
MUSC YES Family Fund Grant  
2019 Application Form**

Please print the following information.

Your Name: \_\_\_\_\_ Department Phone: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Department: \_\_\_\_\_

MSC (Work Address): \_\_\_\_\_

Name of Project: \_\_\_\_\_

Total amount of requested funding (not to exceed \$2,500): \$ \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**The following information is required and should be typed in a Word Document.**

1. A brief summary explaining the project (not to exceed one page).
2. Describe how the request would improve your department's ability to positively impact the mission of the Medical University of South Carolina (not to exceed one paragraph).
3. List other sources of support and the amount to which they support your project. Please state if no other sources support the project.
4. Include detailed budget to show how the requested grant will be allocated for your project.

**If you have any questions regarding this application or the YES Employee Giving Campaign,  
please call 792-1098 or e-mail [vereenv@musc.edu](mailto:vereenv@musc.edu).**

**Submittal Instructions:**

- 1) Scan this form into PDF format.
- 2) Send the pdf and Word Document (with information from above section) via email to [vereenv@musc.edu](mailto:vereenv@musc.edu).

**Applications are due by 5:00 pm on March 29, 2019. No late applications will be accepted.**

All grants must be in compliance with the MUSC Foundation guidelines (can be found on the MUSC Horseshoe). Grants cannot be made for any requests of unallowable expenses (**page 13**) as defined by the MUSC Foundation.