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# Dare to Dream Enrichment Grant

Presented by the Front Royal Women's  
Resource Center

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## Description

To provide women in Warren County with increased opportunities for educational or personal enrichment.

## Application Deadline

Eligible applications are accepted for a two month period from December 1 to February 1. Applications are reviewed and the winner will be announced in March, of that year.

## Eligibility & Review Criteria

Women living in Warren County and ages 18 years and older are eligible for funding through this grant.

Applications will be reviewed on the merit of the project or activity description, the impact of the project/activity on the applicant and/or the applicant's community and the financial need of the applicant. Innovation and creativity are also considered.

Recipients of grants and previous applicants may reapply each year.

## Amount of Assistance

Eligible applicants may request up to \$1,000 through this grant.

## Application Review & Payment Procedure

Applicants must complete and submit the Dare to Dream Grant application during the two-month period between December 1 and February 1. The grant committee of the Front Royal Women's Resource Center will review the proposal and will notify the applicant if funding has been awarded for the project/activity in March of that year. Personal interviews will be conducted for all finalists for the grant as part of the review process. The project must be started and the grant money used by December 31 of the same year that the grant was awarded. (The project may extend into the following year). Recipients of the grant must provide a final report following the completion of the project/activity (including copies of all receipts and vouchers). Applicants may re-apply annually and those receiving grant money within a year cycle are eligible to re-apply the following year.

# DARE TO DREAM ENRICHMENT GRANT APPLICATION

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Before completing this form, read the grant guidelines to make sure you can comply with all of the conditions. In signing the application, you are agreeing to comply with all of these conditions.

Provide all information requested and send it to the address below. All applications must be received by mail postmarked no later than **5:00 p.m., February 1**. The Women's Resource will not accept applications via email or facsimile transmission. Original signatures are required. For an application call the FRWRC @ (540)-636-7007 or email to [wrc@frwrc.org](mailto:wrc@frwrc.org) then mail to:

Application Committee  
Front Royal Women's Resource Center  
P.O. Box 1748  
Front Royal, VA 22630-0037

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Please type answers to all of the following sections on your own paper following the numbered sequence. You may also attach supporting documentation (brochures, etc).

1. **Applicant Name:** Name, address and zip code of person applying for grant. This is the address to which all correspondence will be sent.
2. **Telephone:** Include area code and telephone number as well as any fax number, or email address.
3. **Project/Activity Description:** Describe the project or activity for which funding is requested. Include specific information on the nature of the activity, where the activity will be taking place and other pertinent information (Is this a first time project for you or a continuing experience? Who else will be involved? etc.) If you are starting a business, provide a brief summary of your business plan and detail how you will use the grant money.
4. **Describe the value of this activity or business to you:** What are your personal goals in being involved with this activity/project/business? How will this improve your life? Will your community benefit?
5. **Specify your financial need for this grant:** What is the total estimated cost of the activity? What is the total estimated income from other sources?
6. **Project grant amount requested from the FRWRC:** Not to exceed \$1,000.
7. **What is your family income range?** (Indicate one) \$0 – 10,000; \$11 – 20,000; \$21-30,000; \$31 – 50,0000; over \$50,000.
8. **Evaluation of the Project/Activity:** Describe how you will measure the success or failure of this activity.
9. **Your signature:** Please sign your name at the bottom of your application sheet.