

SMWC SOCIAL MARKETING APPLICATION

APPLICANT INFORMATION

Name of Organization:

Contact Person:

Contact email:

Phone Number:

Web Site (if available):

Organization Street Address:

Address Line 2:

City:

State:

Zip Code:

Country: USA

PROJECT INFORMATION

Please describe in detail the project which you want completed. Please include how social marketing might be utilized.

SOCIAL MARKETING

Please list the social marketing tools that you want utilized for the project. (i.e. Facebook, web pages, Flickr)

SCOPE

How many hours do you expect the project to take?

TIMELINE

Please indicate when you expect the project to be completed.

UTILIZATION

Please explain how your not-for-profit will continue to utilize the technology after the completion of the project.

BUDGET AVAILABLE?

\$50 - \$100

No funds available

\$100+

Other, please indicate:

I CERTIFY THE FOLLOWING:

I represent a not-for-profit organization.

I am willing to communicate weekly (web conference calls)

I understand that the student interns will be evaluated for this project.

I understand that I am required to participate in this evaluation.

Email this form to jmitchell@smwc.edu