

GOLDEN GRANT APPLICATION

Name(s) _____ Chapter _____

Address _____ City _____

Title of Proposed Grant: _____

Proposed Amount: _____ Duration of Grant: _____

First Application for Golden Grant Money or Date(s) of Previous Applications: _____

Date(s) of Receipt of Golden Grant Money: _____

Would you be willing to present the results of this project/travel/research at a state meeting? ___ Yes ___ No

SUMMARY OF PROPOSED PROJECT/EVENT/RESEARCH: (Please include any ways in which the results will be publicized; any educational benefits that are anticipated for you, your chapter, school, community, or profession.) Attach additional sheets if appropriate.

BUDGET: (Please include rationales for projected expenses and indicate any financial support from other sources.) Attach additional sheets if appropriate.

APPLICANT(S) INFORMATION: (Each individual participating should provide name, address, professional position and experience, or volunteer organization, years of membership in the Society, and involvement in Society activities.) Attach additional sheets if appropriate.

Please attach three letters of support/recommendation; one of which is from the chapter president and two are from appropriate outside sources, i.e. administrators, community leaders, or professional colleagues.

Applications are to be submitted to the Golden Grant Committee Chairman by February 1.
(Please see the list of State Committees for current chairman.)