



Woman's Leadership Development Grant Application

Applicant Information:

Name: _____ Chapter Affiliation: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

Referring Chapter Officer Signature: _____

(Your signature indicates that the applicant you are endorsing for this grant is an active member in your local chapter and a benefit member. Social members in good standing with an issue date prior to January 1, 2016, will remain eligible for the Good Health Benefits and the Woman's Leadership Grant as long as their membership remains in good standing. What a great reason to stay current on your social membership dues!)

Event Information:

Event Title: _____

Event Date(s): _____

Event Location: _____

Total Amount Requested: _____

(A copy of the event registration form must be completed by the applicant and attached to this application. The event registration form must include the name of the organization to whom payment is to be made if the grant is awarded.)

Give a brief synopsis of the program:

