



## Chapter Assistance Program Application for Funds

Date: \_\_\_\_\_ Amount of Funds Requested: \_\_\_\_\_

Chapter Number: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

Chapter Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Project Information: Recruitment Y/N Retention Y/N Public Relations Y/N Other Y/N

Gives details of project. If an event, include proposed date, time and place. If other chapters will be involved in the project, give chapter number(s) and how the chapter(s) will be involved.

\_\_\_\_\_  
Sign - Chapter President Date

\_\_\_\_\_  
Endorsement of District Vice President Date

Submit application to: \_\_\_\_\_ Approved \_\_\_\_\_

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Chair, Chapter Assistance Program  
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