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| Date of Request: |  |

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| **Name of State Association** | | | |
|  | | | |
| **Name and Title (Association Position) of Person Completing Application** | | | |
| **Amount of Request:** | $ |  |

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| PLEASE COMPLETE | President | Treasurer |
| Name: |  |  |
| Phone (cell): |  |  |
| Email: |  |  |
| Address: |  |  |
| City: |  |  |
| State: |  |  |
| Zip: |  |  |
| Please identify where to send approved funds/check to: | |  |

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| **Please complete the following narrative of the marketing uses of these funds.** |

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| 1. Purpose of Request –Marketing goals and specific details as to how SEATA funds will be used. | |
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| 1. Work Plan and Timeline – Outline proposed plan and timeline to accomplish goals:    * What funds is the association undertaking to fund this activity?    * What places will this be used to educate the public about athletic training?    * What professional meetings will you attend to market athletic training?    * How are you educating the membership in your state about this activity? | |
|  |  |
| 1. Budget – Attach a detailed budget, including an itemized projection of all sources of income and expenses. Include what the money will be used for to purchase or what it is spent on. I.e. marketing equipment, brochure production, travel expenses, etc | |
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| Signature of person completing application |  | Date |