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| Date of Request: | | | | |  |
|  | | | | | |
| **Name of State Association** | | | | | |
|  | | | | | |
| **Name and Title (Association Position) of Person Completing Application** | | | | | |
| **Date of EBP Event:** | |  |  |
| **Amount of Request ($1,000 max):** | | $ |  |
|  | | | | | |

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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 uses of these funds.** |

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| 1. Purpose of Request –Educational goals and specific details as to how funds will be used. | |
|  |  |
| 1. Budget – Include or attach a detailed budget, including an itemized projection of all related expenses for this sponsored event. | |
|  |  |
| 1. Please include or attach the following:    * Brief biographical information for speaker(s) or CV, if available. | |
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| Signature of person completing application |  | Date |