



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 _____

Evelyn Seabrook
Chair, Chapter Assistance Program
Email at evelynseabrook@hotmail.com
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Eustis, Florida 32726
(352) 589-9704