

Applicant Name:

Applicant Title:

Applicant Email Address:

Applicant Telephone #:

Applicant Organization:

Applicant Organization Address:

City:

State:

Zip:

| | | |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Name of Project:

Amount Requested:

Project description:

Please attach a project description of no more than 350 words that includes a clear description of the project, goals & objectives, importance of the project and how the project encourages students to pursue STEM educations.

Budget:

Please attach a budget outlining all requested costs involved in project. Indicate if other funding has been secured for the project in addition to that requested from the Foundation for Health Advancement.

CERTIFICATION OF ACCEPTANCE. By submitting this application, we certify that the statements herein are true and complete to the best of our knowledge, and accept, as to any grant awarded, the obligation to comply with The Foundation for Health Advancement terms and conditions in effect at the time of the award.

Date:

Applicant Name:

Title:

Organization:

Applicant Signature:

Organization Official Name:

Organization Official Title:

Organization Official Signature:
