## GRANT APPLICATION FORM Greater Philadelphia Chapter of the Autism Society of America

## **Applicant Information**

3. Estimated Expenses (List types and amounts).

| Applicant's Name: |   |  |  |
|-------------------|---|--|--|
| l ar              | n a paid member of the Greater Philadelphia Chapter of ASA yesno (If no: submit \$10 for membership dues) |  |  |
| Ма                | ling Address:   |  |  |
| Pho               | one: E-mail Address:  |  |  |
| Sup               | port Group or Organization Affiliation:   |  |  |
| <b>Pro</b>        | ject Information:  Description of Project.  |  |  |
| 2.                | port Group or Organization Affiliation:   |  |  |
|                   |   |  |  |

## I have read and understand the following:

- 1. I am a paid member of the Greater Philadelphia Chapter of ASA.
- 2. This grant is being used to support further the works of my support group or for the following project:

(name of support group or project)

- 3. If the grant is accepted, I will receive half of the total grant money.
- 4. Within 30 days of the conclusion of the project, I will submit a detailed report of the project (including evaluating remarks) for submission in the Chapter Newsletter and receipts of expenses incurred to the Chapter Treasurer.
- 5. Upon approval of the report and receipts, the Treasurer will issue the balance of the grant money due—up to the total amount of the expenses incurred.

| _(signature)   |
|----------------|
| (printed name) |

Mail this form to:

ASA, Gr. Phila. Chapter c/o GRANTS 662 Perimeter Drive Downingtown, Pa 19335

Deadline for Application: December 31 (assuming funds are still available).

3/00, rev. 3/01, 3/02, 9/02, 1/03, REV 1/04, rev 9/06

Chapter ASA