|  |
| --- |
|  |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 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):** | $ |  |
|  |

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

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

|  |
| --- |
| 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.
 |
|  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of person completing application  |  | Date |