



EDUCATION GRANT APPLICATION

Applying Local Chapter: Complete items 1 – 8; sign and sign send to your State Education Chair. Verify membership status, check documentation, sign Item 9 and forward to the IAWP Education Chair. Important: The Education Chair must receive grant application **NO LATER THAN 90 DAYS** after the program’s completion.

1. Applying Local Chapter _____	
Local Chapter President: _____	
Address _____	City _____ Zip _____
Office Phone: () _____	Home Phone: () _____
2. Name of Trainer: _____	
3. Program Title: _____	
4. Program beginning date: _____	Program ending date: _____
5. Total IAWP Members Participating: _____	Total Participants: _____
6. Total amount requested: \$ _____	
7. Send check to: () Local Chapter President () Trainer	
8. Include the following documentation: <ul style="list-style-type: none"> a. Expense breakout of cost of training (does not include refreshments) b. Summary of program’s objective (flyer will suffice) c. Training description (may be included on flyer) d. Final list of attendees with IAWP membership verified 	
9. Local Chapter President Signature _____	Date: _____

Send grant application and documentation to: Willa Robinson, Education Chair, 12458 Autumn Breeze, Cerritos, CA 90703
310-738-0938 - email: ublack@verizon.com

For Administrative Office Use Only

() Approved Date: _____ Check # _____

() Denied Date: _____

Treasurer Signature _____ Date _____