



GRANT REQUEST FORM

In an effort to accommodate as many grant requests as possible, HADSA requires written documentation of the extent of the conference/training/course you are wishing to attend and/or the the benefits and necessity of desired products or equipment. All areas of this form must be complete and you must attach any supporting documentation, if available. All considerations of the grant approval are at the discretion of the HADSA board members.

Name _____ Date Submitted: _____

Address _____

Phone _____ Email _____

Amount Requested, up to \$500: \$ _____

Purpose of Grant requested:

___ Education ___ Medical ___ Recreation ___ Trust Assistance ___ Other

Please include a description of what specifically the scholarship funds will be used for. Are you receiving funds from any additional source for this item? What do you plan to gain from this event/equipment/product? How will it benefit or apply to your family life or our HADSA membership?

___ additional information included (extra pages added, receipts, brochures etc)

(For HADSA use only: Date received or postmarked _____ By: _____)

Submit by mail to:
HADSA 5249 North Park Place NE, #328 Cedar Rapids, IA 52402
Or email to :
info@hadsa.org