



Local Chapter Hardship Grant Application

Name of Local Chapter:

Name of Contact Person:

Contact Person's Address:

City:

State:

Zip Code:

Daytime Phone Number:

Email:

Have you received hardship grant in the past?

How many years has your chapter been active?

How many local and national members does your local chapter consist of?

Please describe your chapter's hardships:

Please describe how \$200 would assist with solving your chapter's issues:

Mail complete form along with last year's budget or estimation of last year's local chapter income and expenses to: Chapter Liaison, APHON Headquarters, 8735 W. Higgins Rd. Ste 300 | Chicago, IL 60631 or by e-mail to info@aphon.org

Hardship grant winners must provide a one-year follow up form to APHON Headquarters in order to be eligible for additional grant money.

For Office Use Only

☐ Approved

☐ Denied

If denied, reason: _____

Chapter Committee Chair: _____ Date: _____

Signature

Manager: _____ Date: _____

Signature