



DRUG EDUCATION GRANT APPLICATION

1. Institution: _____
2. Event Date: _____
3. Purpose of Event: _____
4. Speaker's Name: _____
(Please include resume, curriculum, vitae and/or biography with application)
5. Topic: _____
6. Honorarium: _____
7. Grant Funds Required: _____
8. Estimated Attendance: _____
9. Individual Requesting Funds: _____
Title _____
Phone Number _____
10. Check Made Out To: _____

Signatures:

Grant Requestor: _____ Date _____

Athletic Director: _____ Date _____

PLEASE NOTE: Maximum grant request is \$1800.00

Please return to Katie Willett
Fax: 617-695-6380
E-Mail: willett@americaeast.com