

Application for AMTA Grant to Affiliated AMTA Chapters

Mail at least one month prior to event

Name of Affiliated Chapter

Contact Person or President of Chapter

Address

Date _____ Phone _____ Zip Code _____

Amount Requested (Cannot exceed \$100 in any year).

Describe workshop for which money will be used: including names and short biography of clinician(s); subject of workshop: who is invited to attend; goals; program or publicity information, if possible; date; and location.

Signature of Contact person or President _____

SEND TO THE STATE PRESIDENT OF AMTA

Report for Workshops Assisted with a Grant by the AMTA
(Mail after your event is completed).

Date _____

Briefly describe your workshop and the benefits you feel your group received. Attach any supporting material such as programs, hand-outs, etc. that you might have that might benefit others.

Also, please send a written report to the State Newsletter Chairman for possible inclusion in the next Newsletter (SoundBoard).

Affiliated Group's Name _____

SEND TO THE STATE PRESIDENT OF AMTA