

APPLICATION FOR TFME GRANT

TFME Chapter _____

TFME Event _____ Date _____

Site _____ City _____

Give a brief description of the event and discuss how it will benefit student members. TFME Grants are intended to underwrite events that are educational in nature.

TFME Member Sponsor _____

Make check payable to _____

Address _____

City _____ Zip _____

Amount of Grant Requested \$ _____ (Note: Up to \$300.00 for clinician fees and travel expenses. Receipts are required for reimbursement.)

Approved by:

Robert Floyd, TMEA Executive Director

Scan and email to kvanlandingham@tmea.org

Or mail to:

TFME Grants
c/o Kay Vanlandingham
P.O. Box 140465
Austin, TX 78714

