

APPLICATION FOR TFME EVENT 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. If the clinician receives \$250 or more in honorariums, an online contract must be created. Please contact the TMEA/TFME Facilitator in Austin for assistance.)

Approved by:

Joe Muñoz, 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

CONCLUSION OF TFME EVENT

This will report the conclusion of TFME Event for which Grant money was requested.

Name of TFME Chapter _____

TFME Event _____

Date of Event _____

We request that a check in the amount of \$ _____ be sent directly to the TFME sponsor as approved by our grant request.

Explanation of expenditures and receipts must be submitted before reimbursement is made.

TFME Sponsor

Street Address

City, State

Zip

Scan and email to kvanlandingham@tmea.org

Or mail to:

TFME Grants
c/o Kay Vanlandingham
7900 Centre Park Dr
Austin, TX 78754