



**Application for TMEA Grant for TFME Student Travel
Associated with TMEA Annual Clinic/Convention**

TFME Chapter _____

TFME Member Sponsor _____

Make check payable to _____

Address _____

City _____ Zip _____

Amount of Grant Requested \$ _____ (Note: Up to \$500.00 for student travel expenses (bus, hotel); \$50 per student, up to 10 students. Receipts are required for reimbursement.)

Approved by:

Robert Floyd, TMEA Executive Director

Mail to:
TFME Grants
c/o Kay Vanlandingham
7900 Centre Park Dr.
Austin, TX 78754

Scan/email: to kvanlandingham@tmea.org

Fax: 512.451-9213

Deadline to submit grant request is January 15.



**Conclusion Form
TMEA Grant for TFME Student Travel
Associated with TMEA Annual Clinic/Convention**

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

Name of TFME Chapter _____

Make check payable to _____

Names of TFME student members attending the TMEA Convention:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10; |

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. Please attach receipts to this completed form.

Signature of TFME Sponsor

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