



# 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

Send this copy 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

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