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**Grant Application Form**

**Grant** funds are for the purpose of conference and convention registrations. They are not applicable to transportation, lodging or food expenses incurred attending these events.

Each member, in good standing with the ACF and the ACF Central Florida Chapter, Inc, may apply for a Grant not to exceed $500 per calendar year, providing the criteria is met and approved by the chapter's Scholarship Committee and Board of Directors. This assistance is based upon available funds allocated by the ACF/CFC Board of Directors on a yearly basis: January 1st thru December 31st.

**Grant Criteria**

1. Applicant must complete our chapter's Grant Application Form.
2. Applicant must be in good standing with the ACF and with the ACF Central Florida Chapter.
3. Applicant must provide documentation that he or she has participated in at least three chapter meetings, events or fundraisers within one year prior to the date of application.
4. Applicant must provide a current resume.
5. Applicant must agree to furnish a report/recap of what was learned and what was found to be beneficial from the attended event. The Board of Directors may ask applicant to present their report in a general meeting or for publication in the newsletter or website.

The Grant Application Form is provided in a Word Document. Please fill it out in Microsoft Word or provide the required information in a typed document to use as a cover page. Provide all supporting documents in the order requested.

All requested information must be provided to the Scholarship Committee at least 30 days prior to event - 60 days is optimal - to allow time for the committee and Board of Directors to consider the request. Once approved, Grant funds will be awarded but not provided until after official receipts are submitted.

**1)** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACF number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Grant requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly state the reason for your request:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2)** ☐ I am an ACF member in good standing.

**3)** ☐ I am an active chapter member. *(Please list 3 or more chapter events, meetings, and fundraisers that you have participated in within the past year. Documentation requested.)*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4)** ☐ I have attached/included a copy of my current resume.

**5)** ☐ Yes, I agree to provide the ACF Central Florida Chapter's Board of Directors with a brief report/recap of my experience at the event I received a Grant for. I also understand that I may be asked to present this report in front of the membership or for inclusion in the website or newsletter.

Please provide all supporting documentation in the order requested.

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Applicant Signature Date

***Please mail completed application to:***

ACF Central Florida Chapter

Attn: Scholarship Committee

207 Indiana Avenue

St. Cloud, FL 34769

***Or email form and documentation to:***

marketingchefs@acfcfc.com

Please put "Attn Scholarship Committee" in the subject line