**POLITICAL EDUCATION MEMORIAL FUND (PEM)**

GRANT REQUEST FORM

(To be completed and signed by the applicant)

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of club President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the NvFRW function club member will be attending:

 \_\_\_\_\_\_\_\_\_ Board Meeting

 \_\_\_\_\_\_\_\_\_ Convention

 \_\_\_\_\_\_\_\_\_ Leadership Training Class

 \_\_\_\_\_\_\_\_\_ Campaign Management School

NvFRW member needs financial assistance for (check one): \_\_\_\_\_\_\_\_ Transportation \_\_\_\_\_\_\_\_ Registration

Amount being requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving any financial assistance from your club? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_no

If yes, list amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Transportation and/or $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Registration

All applications must be postmarked or emailed no later than 10 days prior to the event chosen. Funds will be disbursed upon applicant’s attendance at selected function.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’sSignature Date

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

 Club President’s Signature Date

Send completed form to:

Barb Hawn

PEM Chairman

5283 Simons Drive

Reno, NV 89523

bbmhawn@gmail.com