

2017 Support/Exercise Group Grant Application

Application Due Date 05/15/2017

Name of Support/Exercise Group

Location and Complete Address of Support/Exercise Group

Name of Support/Exercise Group Leader

Email address

Phone

Mailing address

Name of Support/Exercise Group Co-Leader

Email address

Phone

Mailing address

E mail address and contact information for applicant. (If Different)

Type of Support/Exercise group:

Support

Exercise

Other

Are you an APDA Group?

What APDA events does your group participate in?

Approximate number of people attending your meetings

Frequency of meetings (monthly, quarterly)

General geographic area your group serves

Other information about your group that may be pertinent

Your completed application is due to APDA by 5 pm on May 15th, 2017 to APDA Midwest at apdamidwest@apdaparkinson.org or via mail at American Parkinson Disease Association, 1800 N Main St, Wheaton, IL 60187.

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What specifically are the grant funds to be utilized for (include pictures, pricing, estimate, etc.)

Dollar amount requested (Maximum request \$2,000 annually)

All grants require matching funds please identify the source and amount of the match i.e. a national organization, a local organization or a local business, fundraising

Name (individual or Support/Exercise group) check should be made out to

Address check should be mailed to:

By applying to these funds I agree to send receipts, invoices and documentation to APDA Midwest Chapter to close out grant paper work. Photos and video are highly encouraged. The APDA may make and retain copies of the photographs and videos for archival purposes. Photos may be used in other publications or venues, such as our Newsletter, website, brochures or other printed or electronic materials for educational or promotional purposes only. Please note any and all submissions for the purposes of this Grant maybe be utilized to promote the grant and APDA. Original documentation can be mailed APDA Midwest attention Mary Wesley 1800 N. Main St Suite 215, Wheaton, IL 60187 or scanned and emailed to www.apdamidwest.org.

Signature _____

Date _____

Phone Number _____

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