**AAUW-IL $tart $mart Grant Application**

To be completed by branch and returned to Carolyn Schjelderup (cs\_schj@yahoo.com). Please feel free to use an additional page to answer these questions and attach documentation, but please be specific and concise. Requests with over 6 addendum pages will not be considered.

***Please note that the decision of the board is final.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch President (name and contact information): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College/University Partner:

Estimated number of participants served by this project:

Who will be on the planning committee? Include position in the branch or at the college/university.

Other Funding sources?

Have you considered the date, time, location? If so, please list them.

How will you promote the workshop?