

NYS AHPERD Foundation

Establishing and Naming a NYS AHPERD Foundation Grant Application

Date of Application:

Click or tap here to enter text.

Name of Individual/Group Applying to Establish and Name a Grant

(If a group is applying one individual must be identified for contact purposes):

Click or tap here to enter text.

Address (street, city, state, zip):

Click or tap here to enter text.

Email address:

Click or tap here to enter text.

Phone contact (cell/business/home):

Click or tap here to enter text.

If this is a group applying please include all contributors' names and email addresses:

Click or tap here to enter text.

Grant selection either:

\$1,000 annual grant. Pledge to pay \$15,000:

- ✓ Full payment
- ✓ 3-year increments of \$5,000
- ✓ 5-year increments of \$3,000

\$500 annual grant. Pledge to pay \$7,500:

- ✓ Full payment
- ✓ 3-year increments of \$2,500
- ✓ 5-year increments of \$1,500

Proposed Name of Grant:

ALL grants will be considered "Foundation Grants". The selected NAME will precede this designation: i.e. "The John Smith NYS AHPERD Foundation Grant")

Click or tap here to enter text.

Special Requirements for Grant Recipients:

Select all or none and list requirements as appropriate.

Must be from a specific Zone. Click or tap here to enter text.

Must work in a specific discipline. Click or tap here to enter text.

Must have graduated from a particular institute or program. Click or tap here to enter text.

Other specifications requested. Click or tap here to enter text.