



**Federation Assistance Program  
Application for Funds**

Date: \_\_\_\_\_ Amount of Funds Requested \_\_\_\_\_

Chapter/Member Number \_\_\_\_\_ Chapter/Member Name \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address : \_\_\_\_\_

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

Project Information: Recruitment\_\_ Retention\_\_ Public Relations\_\_ Other\_\_

Give details of project. If an event, include proposed date, time and place.  
Provide the names of other individuals who will be directly involved in the project  
or event and how they will contribute. ( Attach other sheets as needed)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Save and email or mail to:  
Trish Vevera  
Chair, Federation Assistance Program  
email: [narfevevera@gmail.com](mailto:narfevevera@gmail.com)  
9 Kingsley Sq, Ormond Beach FL 32174  
386-453-3721

Approved \_\_\_\_\_

Treasurer Information: Check Number \_\_\_\_\_ Date: \_\_\_\_\_  
7/23\_