



## Heart of Volusia

*A United Way Agency*

P.O. Box 3, Daytona Beach FL 32115

Phone: 386-253-4890

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### **APPLICATION FOR REQUEST FOR GRANT - EDUCATION**

**NOTE:** You are not eligible for a grant to attend the same conference in two consecutive years.

Today's Date: \_\_\_\_\_

Date of Trip (If Applicable): \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Name & Address of Hospital Represented: \_\_\_\_\_

Education Dept. Head's Signature: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Classes, Program: \_\_\_\_\_

Cost of Program and/or Tuition: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Grant Committee Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

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#### GUIDELINES:

- 1) Tuition of cost of program up to \$750. Documentation required.
- 2) "Authorized signature" means the Head of the Education Department at the hospital.
- 3) Prior approval by the Board of Directors is mandatory.