

Wisconsin Academy of Physician Assistants Foundation

APPLICATION OF AWARD FOR SPECIAL PROJECTS

1. Applicant Information:

Name: _____ WAPA Membership Number: _____

Organization (if applicable): _____

Address:

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____ E-mail: _____

2. Description of Project:

Amount of funding requested: \$ _____

Duration of Project: Start Date: _____ Completion Date: _____

Please complete a detailed description of the project, including how it fits within the educational and/or philanthropic goals of the Foundation and the Academy.

3. Documentation of Need:

Please include an estimate of expenses and alternative or concurrent funding sources. Students seeking assistance, must attach a copy of their financial aid award letter from your university.

4. Summary of project:

Upon completion of the project, a report will be submitted to the WAPA Foundation Board of Trustees detailing how the funds were used, who the beneficiaries of the project proved to be, and the perceived benefit of the project. This report may also be submitted for publication in the *Spectator*.

"I agree, if funded, to provide full, accurate documentation of the finances, performance, and outcome of this proposal to the Board of Trustees of the WAPA Foundation upon completion of said proposal."

(Typed Name of Applicant)

Important Note:

Any award made by the Foundation will not be given prior to sixty (60) days from receipt of this application by the WAPA Foundation office.