



GRANT APPLICATION  
NFPW Annual Conference

**Deadline: 45 days before start of conference**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Your state affiliate \_\_\_\_\_

Years of membership in NFPW \_\_\_\_\_

Served affiliate in these elected offices \_\_\_\_\_

Have you ever attended an NFPW national conference? \_\_\_\_\_

If not, why not? \_\_\_\_\_

\_\_\_\_\_

Why would you like to attend this conference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What personal/professional benefits do you hope to gain by attending this conference?

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, in what position? \_\_\_\_\_

Signed \_\_\_\_\_

**Mail this application to:**  
Donna Penticuff, Director  
NFPW Education Fund  
P.O. Box 308  
Yorktown, IN 47396

(Please use the reverse side for additional comments.)