CPL GRANT APPLICATION FORM

PART A: To be completed by the APPLICANT (*You MUST be a member of CAMWS.*)

Name: Date of request:

Address: Date of event:

City: State/Province: Zip/Mail Code: Email:

Amount of request: Check payable to:

Send check to:

Are matching funds available? ❑Yes ❑No

Are receipts attached? ❑Yes ❑No Is a budget attached? ❑Yes ❑No

Please describe your activity in three or four sentences. Explain how this activity will promote Latin in your community. If appropriate, mention how you plan to publicize this activity. A more detailed description and supporting materials can be attached, if necessary.

➡ Send this form to your CAMWS State/Provincial Vice President. ⬅

PART B: To be completed by the STATE/PROVINCIAL VICE PRESIDENT

Is applicant a current member of CAMWS? ❑Yes ❑No (If uncertain contact Sue Newland (newlands@stolaf.edu.)

❑Approved ❑Denied Comments:

Date: Signature:

PART C: To be completed by the REGIONAL VICE PRESIDENT

❑Approved ❑Denied Comments:

Date: Signature:

PART D: To be completed by the CHAIR OF CPL

❑Approved ❑Denied Comments:

Date: Signature:

PART E: To be completed by the SECRETARY-TREASURER of CAMWS

Check #: Amount: Date mailed:

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