

## REQUEST FOR GRANT MONIES CONTINUING EDUCATION ACTIVITY

Complete the following grant application, and forward to ABESPA, Continuing Education Committee, P.O. Box 304760, Montgomery, AL 36130-4760.

Name of Requesting Institution: \_\_\_\_\_

Contact Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Title of Continuing Education Activity (please attach program brochure):  
\_\_\_\_\_  
\_\_\_\_\_

Type of Activity: \_\_\_\_ Conference \_\_\_\_ Teleconference \_\_\_\_ Video Conference \_\_\_\_ Other (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Speaker(s): \_\_\_\_\_  
\_\_\_\_\_

Instruction Level: \_\_\_\_ Intermediate \_\_\_\_ Advanced

Total estimated conference costs: \$ \_\_\_\_\_

Total grant requested (not to exceed \$500): \$ \_\_\_\_\_

Registration charge for general participants: \$ \_\_\_\_\_

Registration charge for ABESPA licensees: \$ \_\_\_\_\_

Method of notifying ABESPA licensees of the CE activity:

\_\_\_\_ Mail \_\_\_\_ Email \_\_\_\_ SHAA website \_\_\_\_ N/A \_\_\_\_ Other (list) \_\_\_\_\_

I hereby agree to add the following ADA statement to all brochures and/or advertisements:

The Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA) does not discriminate based on race, color, national origin, sex, religion, age or disability in employment or the provision of services.

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_