

# CPL GRANT APPLICATION FORM

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

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are receipts attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is a budget attached? <input type="checkbox"/> Yes <input type="checkbox"/> 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**

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Is applicant a current member of CAMWS? Yes No (If uncertain contact Susan L. Tucker sltucker@rmc.edu.)

Approved Denied Comments:

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Date: Signature:

**PART C: To be completed by the REGIONAL VICE PRESIDENT**

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Approved Denied Comments:

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Date: Signature:

**PART D: To be completed by the CHAIR OF CPL**

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Approved Denied Comments:

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Date: Signature:

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

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Check #:	Amount:	Date mailed:
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