

SMAA Southern Medical Association Alliance

2018 STATE REQUEST FOR MEDICAL HERITAGE PROJECT GRANT

1. A yearly grant of \$100 is available by written request to the SMAA Finance Committee by the State SMAA Councilor. The request must be sent by **June 1st**.
2. The money is to be used at the discretion of the SMAA Councilor(s) in your state in promoting Medical Heritage community service projects.
3. In order to qualify for the grant, at least one Medical Heritage project with a narrative report must be exhibited at the 2018 SMAA Annual Meeting.
4. Please refer to your Medical Heritage Projects and Judging Guidelines for complete instructions for submitting a project.

SMAA Councilor Submitting Request:

Name: _____ Date: _____

To be used by (State): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Make Grant Check Payable to: _____

Submit 2018 request to:

Kathy Johns, SMAA Finance
920 Bambi Dr, Destin, FL 32541
Phone: 850/654-9272 (H), Cell: 850/582-4146
Email: dkjohns2@aol.com

Send one copy to SMAA Finance Chair and keep one copy for your file.