

**2017 STATE REQUEST FOR DOCTORS' DAY
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 Doctors' Day community service projects.
3. In order to qualify for the grant, at least one Doctors' Day project with a narrative report must be exhibited at the 2017 SMAA Annual Meeting.
4. Please refer to your Doctors' Day 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 2017 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.

**2017 STATE REQUEST FOR HEALTH EDUCATION
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 Health Education community service projects.
3. In order to qualify for the grant, at least one Health Education project with a narrative report must be exhibited at the 2017 SMAA Annual Meeting.
4. Please refer to your Health Education 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 2017 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.

**2017 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 2017 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 2017 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.