
APPLICANT SIGNATURE

I certify that the information supplied is accurate to the best of my knowledge. Also, in the event that the chapter is awarded a grant:

- Chapter President, Program Chair or other representative will submit and present a report on the usage of the grant at Leadership Weekend the following year.
- I understand that the report provided and grant information may be used by HPNF for newsletters, website, and other informational and promotional purposes.
- I understand that the Chapter is responsible for all tax implications associated with this grant.
- I will return this grant on behalf of the Chapter if it is unable to use it for its intended purpose.

APPLICANT SIGNATURE

DATE

TO APPLY, submit a completed **CHAPTER EDUCATION GRANT APPLICATION** with project description to HPNF by email at info@hpnf.org on or before **June 1**. An acknowledgment of receipt will be emailed on the next business day upon receipt of a nomination. The HPNF Chapter Grant Review Committee takes into account adherence to submission guidelines, completeness of nomination materials and quality of responses when reviewing nominations and selecting awardee.