



### APPLICATION FOR BSMA CHAPTER GRANT PROGRAM

Chapter Name, State and Number \_\_\_\_\_

Chapter Address \_\_\_\_\_

Chapter President \_\_\_\_\_

Chapter President Phone Number \_\_\_\_\_

Chapter President Email \_\_\_\_\_

Check One:                      New Chapter                      Existing Chapter

REASON FOR GRANT – Please be specific – i.e. chapter start-up, coats for veterans.

This application is to be submitted to the Chairman of the Finance Committee for approval.

***FinanceChair@BlueStarMothers.us***

Upon approval, a check will be forwarded to the address listed above.

Other than chapter start-up grant, please furnish a picture and short report to the Finance Chairman at FinanceChair@BlueStarMothers.us **upon completion of your grant project.**

*For Finance Committee Use Only:*

*Approval Date:* \_\_\_\_\_

*Date Check Sent:* \_\_\_\_\_

*Date Pictures Received:* \_\_\_\_\_