

Woman's Leadership Development Grant Application

Applicant information:	
Name:	Chapter Affiliation:
Mailing Address:	
Daytime Phone:	Evening Phone:
E-mail Address:	
Referring Chapter Officer Signature:	
(Your signature indicates that the applicant you chapter and a benefit member. Social member will remain eligible for the Good Health Benefits	are endorsing for this grant is an active member in your local is in good standing with an issue date prior to January 1, 2016, and the Woman's Leadership Grant as long as their membership to stay current on your social membership dues!)
Event Information:	
Event Title:	
Event Date(s):	
Event Location:	
Total Amount Requested:	
	completed by the applicant and attached to this application. Ime of the organization to whom payment is to be made if the

Give a brief synopsis of the program:

Please answer the following questions:		
	1.	What do you hope to gain from attending this event?
	2.	How will what you learn at this event fit into your goals as a leader with your chapter?
	3.	Why do you deserve a Woman's Life Woman's Leadership Development Grant?

Signature: ______ Date: _____

Completed applications should be mailed to:

Woman's Life Insurance Society Woman's Leadership Development Grant Program 1338 Military Street PO Box 5020 Port Huron, MI 48061-5020