



CHF Educational Resource Committee

Grant Application

To qualify for CHF grant funds, your presentation must impact health concerns related to the Collie.

Name of Host Club or Organization _____

Collie Health Foundations Member: Yes _____ No _____

Contact person and title _____

Address/email _____

Date of Seminar _____

Location _____

Topic _____

Speaker(s) _____

Speaker Fee: _____

Anticipated Transportation/lodging/meals _____

The Collie Health Foundation’s mission is to fund research medical projects that will benefit the future health of the Collie, **and to educate the public and Collie breeders about health issues.** Briefly describe how your seminar intends to “educate the public and Collie breeders about health issues.”

Charge for Seminar _____

Anticipated number of Attendees _____

Events planned in addition to health related speaker noted above:

Should Collie Health Foundation grant funds for your health presentation, you agree to credit CHF for its assistance in funding your event. Additionally, you agree to promote the Foundation at your event.

Signature _____ Date _____

Please return the completed application via email or US postal mail. Note: Email must include a valid signature.

Patt Caldwell, Chairperson
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