



Educational Seminar Grant Application

The Collie Health Foundation Board recently approved an increase in the amount offered to member clubs in assistance for holding a health-related seminar. The Foundation will now cover up to **\$1,000** in costs. Collie clubs can become members of the Foundation for as little as \$25 (individual membership). Information regarding the grant procedure, application, and evaluation can be found at <https://www.colliehealth.org/membership/educational-grants/>
To qualify for CHF grant funds, your presentation must impact health concerns related to the Collie.

Name of Host Club/Organization _____

If not a host club/organization, list committee members: _____

Collie Health Foundation Member: Yes _____ No _____

Contact person and title: _____

Address/email: _____

Date of Seminar: _____

Location: _____

Topic: _____

Presenter(s): _____

Anticipated Seminar Costs:

- \$ _____ Costs for the presenter such as fee, travel, hotel, food. If the presenter is part of a show or similar event, those costs cannot be offset by CHF grant funds.
- \$ _____ Costs for printing or purchasing educational materials for attendees.
- \$ _____ Costs of venue if not in conjunction with another event. If part of a show or similar event, venue costs cannot be offset by CHF grant funds.
- \$ _____ Other: Please list. _____

Total Funds requested from CHF for this Seminar \$ _____

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 Attendees: \$_____

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 complete the post presentation evaluation form. Additionally, you agree to credit CHF for its assistance in funding your event and agree to promote the Foundation at your event. Membership forms can be found at: <https://www.colliehealth.org/membership>

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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