



Foothills Educational Grant Application

Name of Foothills member: _____

Address: _____

Email: _____

I have attached a copy of the Volunteer Verification Forms to be applied towards this grant application

Total number of volunteer hours to apply towards this grant: _____

****One may not use the above hours to also apply for an RMDS scholarship. Additional hours can, of course, be so used.**

*******List of Education Events Attended for Reimbursement*******

Name of educational event attended: _____

Date: _____

Location: _____

Name of educational event attended: _____

Date: _____

Location: _____

How did the program(s) benefit you? (Say as much or little as you wish. What you say will not be reproduced without your permission.)

I have attached copy of proof of payment for the educational event(s) to be reimbursed for.

Please return completed form to: Marilou Metcalf 7870 S. Hill Drive, Littleton, CO 80120. You may also scan and email to: metcalfmmd@me.com.

*****Office Use Only*****

Approval for Educational Grant: _____
Marilou Metcalf, Educational Grant Chair

Total Amount Approved for Grant: \$ _____