

Revised 4/22/2020

NEBCA Education Committee Application
Please complete Only if you are Requesting Funding

Submit to Education Committee Chairperson:

Rosemary Redick RoseR@aol.com

39 Southern Boulevard

Albany NY 12209

Name Person Applying: _____ **Date:** _____

Event: _____ **Date/s of Event** _____

Location of Event: _____

Event Manager: _____

Person Responsible for Learning Component: _____

Brief Description of Learning Event (several sentences): _____

People Anticipate to Participate in Event: _____

Goal of Event: (What participants will learn): _____

Is this a Fund-raising Event? If so, please indicate what your event will support: _____

The Education Committee has a limited budget to distribute funded by NEBCA. Please review the LTC mission and goals before submitting application. The Education Committee Chair or a member will notify all applicants of the outcome of your request. The ABCA does have some promotional funds available to ABCA members by State or Providence which may be appropriate for your event. Review the ABCA website for their requirements.

Name of Person Check to be made out to: _____

Address to Send: _____

Telephone: _____ Email: _____