



APPLICATION FOR BSMA CHAPTER GRANT PROGRAM

Chapter Name, State and Number \_\_\_\_\_

Chapter Address \_\_\_\_\_  
\_\_\_\_\_

Chapter President \_\_\_\_\_

Chapter President Phone Number \_\_\_\_\_

Chapter President Email \_\_\_\_\_

Check One:                      New Chapter                      Existing Chapter

REASON FOR GRANT – Please be specific – i.e. chapter start-up, coats for veterans.

This application is to be submitted to the Chairman of the Finance Committee for approval.

*FinanceChair@BlueStarMothers.us*

Upon approval, a check will be forwarded to the address listed above. Other than chapter start-up grant, please furnish a picture to the Finance Chairman at [FinanceChair@BlueStarMothers.us](mailto:FinanceChair@BlueStarMothers.us) upon completion of your grant project.

*For Finance Committee Use Only:*

*Approval Date:* \_\_\_\_\_

*Date Check Sent:* \_\_\_\_\_

*Date Pictures Received:* \_\_\_\_\_