



Orange County Affiliate
3191-A Airport Loop Drive
Costa Mesa, CA 92626
Tel: 714.957.9157 Fax: 714.957.9155
www.komenoc.org

PROFESSIONAL EDUCATION AND ADVANCEMENT GRANT APPLICATION

The purpose of this funding opportunity is to provide travel assistance to grantees, health care professionals, and advocates to attend, participate in, and/or present at meetings, conferences, or symposia that would increase community knowledge of breast health and breast cancer and facilitate the exchange of ideas and communication between the scientific and lay public.

Only funding requests which meet the following criteria will be considered for a grant:

- Event is relevant to breast cancer and/or increases applicant's capacity to provide breast health services to the community as demonstrated by agenda, etc.
- Applicant is able to quantify participation and benefit to community
- Applicant must attend majority of conference or apply for continuing education credits offered
- Demonstrate that there are no other sources of funds available to cover costs. We encourage organizations and/ or individuals to pay a portion of the costs.
- Funding request may not exceed \$1,000 domestic or international and may be applied toward air, bus, train or cab fare; mileage reimbursement at 50.5 cents per mile; hotel accommodations; conference registration fees
- Written report must be made to Affiliate after event within 30 days
- Based on the relevancy of the topic, the recipient may also be required to give an oral presentation to Affiliate.

Applications will be considered on an ongoing basis throughout the year. **Faxed applications will not be accepted.** Mail or deliver applications to: The Susan G. Komen for the Cure, Orange County Affiliate, Attn: Erin Touslee, Director of Mission Programs, 3191-A Airport Loop Drive, Costa Mesa, CA 92626. Inquiries should be directed to Erin Touslee at etouslee@komenoc.org or by calling (714) 957-9157 ext. 25. **Please allow 60 days for the review process. You will be notified via phone or email when a determination has been made.**



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You may type directly into this form and use your mouse to click within the .

APPLICANT'S NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

AMOUNT REQUESTED: _____

GRANT PERIOD: April 1st, 2008 – March 31, 2009

Signature of Applicant

Date

Type/Print Applicant Name

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INSTRUCTIONS: Not to exceed 2 typewritten pages (Items 1-5). Font size should be no smaller than a 10-pt typeface. Line spacing (between lines) should be no smaller than “single” or 10 pt. Please do not change these titles in your application or add additional text boxes or graphics.

1.) EVENT TITLE :

2.) DATE OF EVENT

2.) PURPOSE/OBJECTIVE OF EVENT:

3.) QUANTIFY THE BENEFIT TO THE OC KOMEN AFFILIATE & BREAST HEALTH COMMUNITY:

4.) DEMONSTRATED NEED FOR THE GRANT FUNDS

5.) REQUESTED AMOUNT: \$ _____