2018 Hurricane Relief Funds Application
Florida State Association

Chapter Name:_____ Chapter ID: _____
District: _____
Adviser:_____
Adviser Phone: (_____) _____-_____
Adviser e-Mail:_____

Please explain why you feel that your chapter should receive funds: (Min. 150 words)

_____
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_____

Please specify what the funds will be used for:

_____
_____
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_____
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_____

If funds are to be allocated, will you be able to provide evidence of their use? Yes/No

-Proceed to the next page-

Estimated breakdown of expenses (must be completed):

Description	Price/Unit	Quantity	Total
		Total:	

Application must be submitted in its entirety to **hurricanerelief@flfccla.org** by **January 15th, 2019**. The selected chapter(s) will be awarded with the check at the 2019 State Leadership Conference, held April 12-15.