



ST. ANDREW'S SOCIETY, LOS ANGELES

*Children's Hospital Los Angeles
Collaborative Study Grant*



APPLICATION COVER SHEET

(attach project budget and application narrative – not to exceed 500 words)

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTALCODE: _____ COUNTRY: _____

PHONE: _____ EMAIL: _____ WEBSITE: _____

PLEASE BRIEFLY DESCRIBE THE PROJECT FOR WHICH YOU ARE SEEKING FUNDS: _____

GRANT AMOUNT REQUESTED: _____

HOW DID YOU FIND OUT ABOUT SASLA GRANTS? _____

HAVE YOU RECEIVED A GRANT FROM SASLA BEFORE? YES _____ NO _____

ARE YOU APPLYING FOR ANY OTHER GRANT(S) FOR THIS PROJECT? YES _____ NO _____

IF FUNDS ARE AWARDED WHO IS THE RECIPIENT: _____

I certify that I meet CHLA Grant residency requirements and that all information in this application is true and correct.

signature DATE: _____

OFFICE USE ONLY

DATE RECEIVED _____ DATE PROCESSED _____

GRANT COMMITTEE RECOMMENDATION: _____ YES _____ NO AMOUNT \$ _____

COMMENTS _____