

**MPS and Related Diseases  
Regional Social Event Grant Application**

*Return to: National MPS Society  
4220 NC Hwy 55, ste 140  
Durham, NC 27713  
p: 919.806.0101 f: 919.806.2055*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Region \_\_\_\_\_ Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Location & Type of Event \_\_\_\_\_

Estimated number of families to invite \_\_\_\_\_

Have you requested reimbursement funds before?    \_\_\_ Yes    \_\_\_ No

If so, when \_\_\_\_\_

Reimbursement funds are needed for:

Food	\$ _____	Facilities	\$ _____
Paper Products	\$ _____	Other _____	\$ _____
Entertainment	\$ _____		

**TOTAL REQUESTED (Estimated) (Max \$500) \$ \_\_\_\_\_**

**The following statement must be signed to validate this request:** I am requesting reimbursement funds from the National MPS Society for an MPS Regional Social Event. The funds will be used for the stated purposes, and I have will submit receipts for expenditures incurred from the event within 30 days of the event. I will also include a short article about the event and pictures for *Courage Magazine*. I will attempt to solicit some donated items or otherwise minimize the cost of the event so that the Society may sponsor multiple events across the country.

**Signature** \_\_\_\_\_