

**Chapter of Excellence Grant**

**Application**

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Chapter Name/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Chapter Leadership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(School Logo/Photo – Optional)

If you have any questions, please contact Megan Walsh   
via [mwalsh@mcaa.org](mailto:mwalsh@mcaa.org) or at 301-869-5800.

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| **Category** | **Narrative / Photos** | |
| **Community Service** |  | |
| **Career Development** |  | |
| **Competition** |  | |
| **Current Membership** | Total Members |  |
| **Membership Growth** | New Members |  |
| **Fundraising** | Total $ Amount |  |
| **Field Trips** | # of Trips |  |
| **Internships** | Total | Fall: (Students’ Names)  Spring: (Students’ Names)  Summer: (Students’ Names) |
| **Employment** | Total | Summer: (Students’ Names)  Fall: (Students’ Names)  Spring: (Students’ Names) |
| **Use of Grant Funds** |  | |
| **Strategy for Continued Growth & Development** |  | |
| **Additional Information** |  | |