

**Chapter of Excellence Grant**

**Application**

(Student Chapter Name/School)

(Faculty Advisor & Student Chapter Leadership)

(School Logo/Photo – Optional)

(Date Submitted)

If you have any questions please contact [Harlee Mooney](mailto:hmooney@mcaa.org), MCAA’s Director, Career Development, via email or at 301-990-2219.

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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 2018: (Students’ Names)  Spring 2019: (Students’ Names)  Summer 2019: (Students’ Names) |
| **Employment** | Total | Summer 2018: (Students’ Names)  Fall 2018: (Students’ Names)  Spring 2019: (Students’ Names) |
| **Use of Grant Funds** |  | |
| **Strategy for Continued Growth & Development** |  | |
| **Additional Information** |  | |