



Individual Grant Follow-Up
Email by the due date to foundation@altrusa.org
Please do not mail to the Chicago office.

(Please type or print)

Applicant: _____

Name of INDIVIDUAL _____

Name of Member Completing Form: _____ Title: _____

Address: _____

City / State / Country / Zip Code: _____

Telephone (B): _____ (H): _____ (Other): _____

Email: _____ Date of Grant: _____

USE OF AWARD (Check one):

- Less than one year training program
- One-year training program
- Upgrade or retraining program
- New business equipment
- Personal rehabilitation (job related)
- Completion of Graduate Studies
- Student from developing country

THE RECIPIENT

Graduation Date: _____ Employment Date: _____ Employer: _____

Title: _____ If seeking employment, desired field: _____

If student, list School: _____ Left school (reason, if known): _____

Anticipated date of return to Home Country (if applicable): _____

RECOGNITION Describe any recognition your Altrusa Club or project has received. (You may wish to attach copies of documents or pictures)

Signature of Member Completing Form

Title

Date

Please return completed follow-up form to: foundation@altrusa.org