

*National Association of Teachers of Singing, Inc.*  
**SNATS GRANTS Application**

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

**Note:** Please read the **Guidelines** before filling out the Application. Please observe the application deadline of six weeks before event. **This form may only be submitted by the SNATS Chapter President.**

1. SNATS CHAPTER name and Advisor's Name:

2. Name, Address, Phone Number, and E-mail of President of SNATS Chapter:

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3. Date of Event: \_\_\_\_\_ Project details (locations, content, personnel, etc.):

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4. Financial projection:

<b>EXPENSES:</b>	Fees	\$	_____
	Travel	\$	_____
	Publicity	\$	_____
	Postage	\$	_____
	Printing	\$	_____
	Hall rental	\$	_____
	Other	\$	_____
	<b>TOTAL</b>		\$ _____

<b>INCOME:</b>	Local Funds	\$	_____
	Admissions/Fees	\$	_____
	Other	\$	_____
	<b>TOTAL</b>		\$ _____

**AMOUNT REQUESTED FROM SNATS GRANTS FUND** \$ \_\_\_\_\_  
(No more than \$200, please.)

5. Other supporting statements or data in favor of the project (use additional sheet if necessary):

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**RETURN APPLICATION TO:**

**Carl Swanson**  
**SNATS Coordinator**  
**40 Mayflower Ridge Drive**  
**Wareham, MA 02571**  
**nenats@aol.com**

**FOR OFFICE USE ONLY:**

**Date sent to Applicant:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Approved:** \_\_\_\_\_