



DATE _____

Training Assistance Award Application

The Obici Healthcare Foundation supports and encourages training and education for not-for-profit community groups in order to build capacity. Toward that end, the Foundation offers financial support to **grantees** that want to improve skills and experience through approved training. Please complete application below and submit by regular mail, e-mail or fax to:

Obici Healthcare Foundation
Attention: Training Award Committee
106 W. Finney Avenue
Suffolk VA 23434
fax: 757-539-8887
e-mail: grants@obicihcf.org

Grantee ORGANIZATION _____

NAME of attendee _____ TITLE _____

ADDRESS _____

PHONE _____ EMAIL _____

\$\$ REQUESTED _____ DIRECTOR APPROVAL _____

COURSE NAME _____

GIVEN BY _____

DATE _____

LOCATION _____

Why do you need this award assistance and how will this course help your not-for-profit community work? (50 words or less) **Please attach copy of course description. If approved payment for training will be made to requesting organization who must send reimbursement to organization providing training.**

<i>For Foundation use only.</i>		
Accepted _____	Funded Amount _____	Date _____
Declined _____	By Staff _____	