



THE SOCIETY FOR THE SCIENTIFIC STUDY OF SEXUALITY

LOCAL EVENT GRANT APPLICATION for SSSS Members

Purpose of Grant: To promote Sexual Science and SSSS

If you are interested in applying for the SSSS Local Event Grant, please forward this completed application, along with a copy of your event flyer to: Mandy Peters, SSSS Executive Director; via email thesociety@sexscience.org; mail 881 Third Street, Suite B-5, Whitehall, PA 18052; or (fax) 610-443-3105.

If you have any questions, please call 610-443-3100, or send an email to thesociety@sexscience.org.

Name of SSSS Member: _____

Name of Organization: _____

Mailing Address of Organization: _____

Phone: _____ Website: _____

Authorized Contact Person: _____ Email: _____

Title of Contact Person: _____

Phone #: _____ Cell Office Home

Name/Title of Program: _____

Event Date: _____ Target Audience: Practitioners Faculty Students Other _____

Grant Amount Requested (up to \$500.00): _____

How would the funds be spent? _____

Prior SSSS Funding? Yes No If Yes, Year/Amount Received _____

FOR US APPLICANTS ONLY

Is your organization Tax Exempt Under IRS 501(c)(3)? Yes No If YES, please attach IRS Form W-9.

Please write a short summary describing the event, its expected outcomes, and how the event will promote Sexual Science and SSSS. Please attach documentation (flyer) advertising your local event, including the SSSS logo(s). We also request that you use the SSSS logo(s) on all future advertisements (examples: flyer, email) of your event. The logo(s) can be located on the Local Mini Grant introduction page.

If Grant is approved, check should be:

Made payable to (Name of Organization Only): _____

Mail to: _____

Signature of Applicant _____ Date _____

FOR SSSS USE ONLY

SSSS Member Program Materials Attached Date Received _____

SSSS Approval Amount \$ _____ (USD) SSSS Executive Director Approval _____