

**“Creating Global Opportunities for Success”
ALPHA KAPPA ALPHA EDUCATIONAL ADVANCEMENT FOUNDATION, INC.**



COMMUNITY ASSISTANCE AWARD APPLICATION

Name of Project: _____

Brief Description of Project _____

Proposed beginning or initiated date of Project ___/___/___ Proposed Ending date if applicable ___/___/___

Is this a continuing project of your organization? _____ If so, when was it initiated? _____

Name of Organization _____ Organization's EIN # _____

Address: _____ Phone: (____) _____

City: _____ State _____ Zip Code _____ - _____

Please provide the name and phone number of the authorized contact person:

Name: _____ Phone: (____) _____

If the project is an activity of a chapter of Alpha Kappa Alpha Sorority, Inc., please provide the following information:

Chapter: _____ Basileus: _____

Groups/organizations applying for this community assistance award are expected to address current Alpha Kappa Alpha Educational Advancement Foundation program priorities. Identify no more than two major program priorities your project addresses.

- ____ Emerging Young Leaders (EYL) Initiatives
- ____ Health Initiatives
- ____ Global Poverty

- ____ Economic Security Initiative
- ____ Social Justice and Human Rights Initiative
- ____ Internal Leadership Training
for External Service Initiative

The application, narrative, project budget, **two letters of support** and other supporting documents must be submitted and postmarked no later than **August 15, 2012**. If available, please include good quality photos, which support your project. Candid/action shots showing the project in progress are preferable to staged photos. Photographs that include children **MUST** have parental consent on file with your organization(s). Send the complete packet to:

Alpha Kappa Alpha Educational Advancement Foundation
5656 South Stony Island Avenue
Chicago, IL 60637

Application Completion Checklist:

- Two letters of support and other supporting documents
- Budget
- Narrative
- Copy of your IRS 990 or audit (if applicable)

I certify that the information I have provided on this form is complete and accurate. I authorize the Alpha Kappa Alpha Educational Advancement Foundation to use the information supplied here solely to assess eligibility for a community assistance award. I certify that any photographs containing pictures of children have parental consent on file and may be used in any publication of the Foundation.

Organization's Authorized Contact person _____ Title _____

Organization's Authorized Signature _____ Date __/__/__

****This is a one-time award. An organization that has received an award from AKA-EAF in the past is not eligible to apply.**