

ALTRUSA INTERNATIONAL FOUNDATION, INC.

Wait a minute for the email

Foundation **INDIVIDUAL** Grant Program Follow-Up

(Please type or print)

Altrusa International, Inc. of _____

Name of Recipient _____

Name of Member Completing This Form _____ Title _____

Address _____

City, State, Country, Postal Code _____

Telephone (B) _____ (H) _____

E-mail _____ 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

Graduated on (date) _____ Became employed on (date) _____

Where? _____ Title? _____

Seeking employment? _____ Still attending 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**

For forms submitted on-line, type full name into signature area(s).

Please return completed follow-up form to:

Altrusa International Foundation, Inc.
332 South Michigan Avenue, Suite 1123
Chicago, Illinois 60604
Phone: 312-427-4410; Fax: 312-427-8521
E-mail: Foundation@altrusa.com