THE RUTH SCHATZ ZUCKERBROD MEMORIAL GRANT

Name of Organization_____
**Organizations that have a current LISHA Board Member affiliated with their program are not eligible to apply until the person (s) have completed their term of office.

Contact Person_____
Mailing Address_____
Telephone Number_____
Fax_____
Website/email address_____

Sponsoring Applicant (LISHA Member in good standing)_____
Address_____
Telephone/fax/email_____

Please provide a brief description of your organization including Mission statement, goals of the organization, # of members, Board of Directors or Table of Organization, Meeting dates, etc. (Please include a brochure if available as well as evidence of not for profit status):

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Provide a description of what the grant will be used for and how it fulfills the organization's mission; include the relevance to speech, language and hearing disorders:

Mail completed application with supporting documentation by July 31th to:
LISHA
P.O. Box 133
Mastic Beach, NY 11951-0133
Attention: Ruth Schatz Zuckerbrod Grant Committee
For additional information: (516) 626-8000 or info@lisha.org