



**FUNDING APPLICATION FORM**  
**4075 IRON WORKS PARKWAY**  
**Lexington, KY 40511**  
**859 233-0147**  
**fax: 859 233-1968**  
**www.aaepfoundation.org**

**Information Required** (must be complete and typed or in print)

**Name of organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of individual (Must be primary contact for the requesting organization):**

\_\_\_\_\_

**Relationship of individual with organization for which funds are requested:**

\_\_\_\_\_

**Phone number:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**FAX number:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_ @ \_\_\_\_\_

**Total amount of funding requested:** \_\_\$ \_\_\_\_\_

**Date funds are needed:** \_\_\_\_\_

**AAEP-Member Veterinarian Reference (Name and Phone Number):**

\_\_\_\_\_

**IRS letter confirming 501 (c)(3) tax-exempt status\*\* (Please attach)**



\* The AAEP Foundation considers each request carefully and deliberately, so requests should be made well in advance of the time needed. A total amount of funds needed is required to be considered.

\*\* Supporting documents may be attached, if necessary.

**The completed form with supporting documents should be submitted to:**

Jodie Bingham  
Foundation Development Coordinator  
American Association of Equine Practitioners Foundation  
4075 Iron Works Parkway  
Lexington, KY 40511  
859-233-0147  
859-233-1968 FAX

Submitted by: (type or print name) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

*Signature indicates acceptance of the AAEP Foundation's requirements as stated on application form.*

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**For office use only:**

Date received by AAEP Foundation: \_\_\_\_\_ Received by: \_\_\_\_\_

Request met criteria of initial screen – Yes \_\_\_\_ No \_\_\_\_ Approved by: \_\_\_\_\_

Staff member assigned: \_\_\_\_\_ Date: \_\_\_\_\_

FAC or AAEPF Board member/s assigned as sponsor/s: \_\_\_\_\_ Date: \_\_\_\_\_

To be considered at AAEP FAC meeting on (Date): \_\_\_\_\_

Approved by AAEP FAC Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_ For \$ \_\_\_\_\_

Approved by AAEP Foundation BOD Yes \_\_\_\_ No \_\_\_\_ Date: \_\_\_\_\_ For \$ \_\_\_\_\_