

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



The Massachusetts Chapter

Committee Grant Application Form

Date: _____

Name of Committee: _____

Title of Project: _____

Name of Committee Chair(s): _____

Phone number (s) : _____ e-mail (s) : _____

Please describe the project your committee would like to fund. (Use additional pages if needed.)

How will this project benefit the children of Massachusetts or the Chapter? (Use additional pages if needed.)

What is the amount of funding required? _____ (Please submit an estimated budget.)

Please submit this completed form to Cathleen Haggerty at chaggerty@mcaap.org or send a hardcopy to:

Cathleen Haggerty
MCAAP
860 Winter Street
Waltham, MA 02454

You will be notified within 3 weeks about the status of your application.

Please contact Cathleen Haggerty at 781-895-9852 if you have any questions