



NCAPA Endowment Lanny Parker Memorial Fund Application

Name of Primary Contact for Application:

_____ **Date:** _____

Phone #: _____ **Alternate Phone #:** _____

Preferred Email Address: _____

Correspondence Mailing Address: _____

Please include the following supporting documents:

-Confirmation of NCAPA membership in good standing.
*(You can request that this confirmation be sent by contacting Kat Nicholas,
Director of Membership & Marketing, at kat.nicholas@ncapa.org)*

-Preliminary budget (Typical grant funding is \$500)

-Brochure or Website of Event You Plan to Attend

Please describe why you are applying for the NCAPA Endowment Lanny Parker Memorial Grant and how these funds will support health care economics, advocacy or leadership development: