

# EDUCATION FOUNDATION

***Mathew Immel Grant  
Application Form – 2023  
(Zone 4)***

Name: \_\_\_\_\_

Fair/Organization: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Preferred E-Mail Address: \_\_\_\_\_

## ***INSTRUCTIONS***

1. Always refer to the current year's Mathew Immel Grant rules (separate document).
2. On the following pages do NOT reference your fair's name, your name, your location, etc. The grant is to be judged "blind" – the committee does not know the identity of the applicant.

Email your completed application to Lori Hart [lhart@fairsandexpos.com](mailto:lhart@fairsandexpos.com) by November 3, 2022

Applicant # \_\_\_\_\_

***For Office Use Only***

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IAFE Membership Valid?**

Current position with fair/organization:

- |  |  |
|--|--|
| <input type="checkbox"/> CEO/Manager (paid full time)  | <input type="checkbox"/> CEO/Manager (paid part-time <u>or</u> volunteer)  |
| <input type="checkbox"/> Staff member (paid full time) | <input type="checkbox"/> Staff member (paid part-time <u>or</u> volunteer) |
| <input type="checkbox"/> Board member                  | <input type="checkbox"/> Other _____                                       |

How long have you been in your current position with the fair/organization? \_\_\_\_\_

Annual Fair Attendance: \_\_\_\_\_

Total Annual Revenues for Organization: \$ \_\_\_\_\_

Have you previously attended Zone 4? Yes \_\_\_ No \_\_\_

***Please limit your response to the space allotted -- do not make attachments.***

How would receiving the Mathew Immel Grant be of benefit to you?

(#End)

Applicant # \_\_\_\_\_