



## Heather Mebane Speech Foundation

### Grant Application Form

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#### Section 1: Personal Information

1. Full Name:

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

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

2. Current Position/Title: \_\_\_\_\_

3. Years of Experience as a Speech Therapist: \_\_\_\_\_

4. Contact Information:

Email Address: \_\_\_\_\_ Preferred? \_\_

Phone Number: \_\_\_\_\_ Preferred? \_\_

5. School or Department within JPPS: \_\_\_\_\_

#### Section 2: Conference Information

6. Name of Conference: \_\_\_\_\_

7. Conference Dates: \_\_\_\_\_

8. Conference Location: \_\_\_\_\_

9. Estimated Costs:

Registration Fee: \_\_\_\_\_

Travel Expenses (flight, lodging, etc.): \_\_\_\_\_

Total Estimated Cost: \_\_\_\_\_



### Section 3: Statement of Purpose

Why do you want to attend this conference?

(Please briefly describe your goals for attending, how the conference aligns with your professional development, and how it will benefit your work within JPPS.)

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### Section 4: Commitment to JPPS

Do you plan on continuing your service within the Jefferson Parish Public School system after attending the conference?

☐ Yes

☐ No

### Section 5: Additional Information (Optional)

Is there any additional information you would like the selection committee to consider?

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### Section 6: Declaration

I declare that the information provided in this application is accurate and complete to the best of my knowledge.

☐ I agree

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

### Submission Instructions:

- Please submit the completed application form to the Heather Mebane Speech Foundation at [hmspeechfoundation@gmail.com](mailto:hmspeechfoundation@gmail.com) by June 1, 2025; in the subject line type Application; recipient to be notified by July 15, 2025
- For any questions or further assistance, contact Christina [hmspeechfoundation@gmail.com](mailto:hmspeechfoundation@gmail.com)