



**North Carolina Division
of the
American Trauma Society**

Injury Prevention Scholarship Application—2010

I. APPLICANT INFORMATION

Organization: _____
Mailing Address: _____
Contact Person: _____
Phone Number: _____
Email Address: _____

What is the purpose of your organization and how long has your organization been in existence?

Are you or your organization a participant in any of the following groups?

American Trauma Society	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NC Division of the American Trauma Society	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safe Communities Coalition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safe Kids Coalition	<input type="checkbox"/> Yes	<input type="checkbox"/> No

II. PROPOSAL INFORMATION

1. Project Title:

Brief Layman's Summary (300 characters max):

2. Are there others, locally or nationally, who provide services similar to those for which you are requesting funds?

3. What populations & how many individuals will directly benefit from any assistance rendered? What impact will this funding have?

4. Give a brief description of the background and objectives of your organization as they relate to the successful accomplishment of the project.

III. FUNDING

1. Total funding requested?
(unless otherwise approved by the NC ATS Executive Committee, funding cannot exceed \$1,500.00)
2. Please itemize how funds will be expended. The intention of the grant is not to fund items such as car seats and bike helmets. (If additional space is needed, please attach).

Description	Amount

3. What alternate sources of funding have you sought? Please indicate the status of the requests.

Source Name	Status (awarded, pending, denied)	Amount

4. If the project will be funded from multiple sources, briefly describe each source.

Source name & description	Amount

5. What sources of funding have previously supported this project or a similar project?

6. How will the project/program be funded in the future?

7. If NC ATS funds are not available this year, how will this specifically affect your project?

IV. ADDITIONAL INFORMATION REQUIRED

1. Please attach verification of 501(c)(3) status and federal tax identification number.
2. If funded, provide the name of person/institution and address to make check payable to

Name:

Organization:

Mailing Address:

Phone Number:

V. APPROVALS

I have reviewed and meet the eligibility requirements established by the NC Division of the American Trauma Society.

Printed name:

Signature: _____

Date: _____

Application deadline for submission is 5:00pm on March 17, 2010.

Submit application to:

Dale Hill, EMT-P
Emergency Services Institute
WakeMed Health & Hospitals
Raleigh, NC 27610
Phone: 919.350.7727
Email: dahill@wakemed.org