



Altrusa International Foundation, Inc.

INDIVIDUAL

Grant Follow-Up Form

(Please type or print)

Altrusa International of _____, Inc.

Name of Recipient: _____

Name of Member Completing Form: _____ Title: _____

Address: _____

City / State / Country / Zip Code: _____

Telephone (B): _____ (H): _____ (Other): _____

Email: _____ Date of Grant: _____

USE OF AWARD (Check one):

- Less than one year training program
- One-year training program
- Upgrade or retraining program
- New business equipment
- Personal rehabilitation (job related)
- Completion of Graduate Studies
- Student from developing country

THE RECIPIENT

Graduation Date: _____ Employment Date: _____ Employer: _____

Title: _____ If seeking employment, desired field: _____

If student, list School: _____ Left school (reason, if known): _____

Anticipated date of return to Home Country (if applicable): _____

RECOGNITION Describe any recognition your Altrusa Club or project has received. (You may wish to attach copies of documents or pictures)

Signature of Member Completing Form	Title	Date
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Please return completed follow-up form to:

Altrusa International Foundation, Inc.
 One North LaSalle Street, Suite 1955
 Chicago, IL 60602
 Phone: 312-427-4410; Fax: 312-789-4416
 E-mail: foundation@altrusa.org