

**SELF-ADVOCATE GROUP
FUNDING APPLICATION**

Name of Self-Advocate Group:

Advisor's Name: _____

Advisor's Address, City, Zip:

Area Code / Phone Number: _____

E-Mail: _____

Meeting Place Address, City, Zip:

Self-Advocates Group Officers

Officer	Name	Address, City, Zip	Area Code / Phone Number	Email
President				
Vice President				
Secretary				
Treasurer				

Members of Self-Advocates Group

Members	Name	Address, City, Zip	Area Code / Phone Number	Email
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please mail or fax application to:

Jill Ginn
Director Family Education and Community Resources
The Arc of Indiana
107 N. Pennsylvania Street, Suite 800
Indianapolis, IN 46204

317-977-2385 (fax)