



American Counseling Association Foundation
Counselors Care Fund

Application for Mini Grants – ACA Branch Organizations

ACA Branch Organization _____

Contact person and position held with Organization _____

Address of record:

Street _____ City, State, Zip _____

Current address:

Street _____ City, State, Zip _____

Current telephone _____ E-mail address, if available _____

Please describe how you would use a grant from the Counselors Care Fund of up to \$1,000 to meet the challenges faced by your organization or the impact on your members in the aftermath of Hurricane Katrina (or other major disaster). Include a budget. Use both sides of this form, if necessary, but brevity is encouraged

Signature

Date

Please return your completed application in one of the following ways:

▪ By e-mail attachment to counselorscare@counseling.org ▪ By fax to 703-823-9881 ▪ By U.S. mail to ACA, 5999 Stevenson Ave., Attn: CCF, Alexandria, VA 22304.

A team of ACA professionals will review your application and respond promptly.

Together we will rebuild our spirits and our livelihoods!