



American Counseling Association Foundation
Counselors Care Fund

Application for Mini Grants – *Individual ACA Members*

Name _____

ACA membership* _____

*must be a current ACA member

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 \$500 to get back on your feet professionally or to help your clients in the aftermath of a 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!