

# 2021 Local Play therapy grant from the Robbie Page Memorial Fund

Deadline: September 17 2021 at 11:59 PM EDT (Midnight)

## Name of Alumnae or Collegiate Chapter or Individual requesting grant

Type of Applicant \*

- Individual
- Collegiate Chapter
- Alumnae Chapter

Tri Sigma Chapter or individual requesting the grant: \*

Tri Sigma Contact First/Given Name: \*

Tri Sigma Contact Last Name: \*

Tri Sigma Contact Email: \*

Tri Sigma Contact Address - Line1: \*

Tri Sigma Contact Address - Line2:

Tri Sigma Contact Address - Line3:

Tri Sigma Contact City: \*

Tri Sigma Contact State/Province: \*

Tri Sigma Contact Zip/Postal Code: \*

### Therapeutic play or child life program

Name of Institution/Agency to receive grant: \*

Address of Institution/Agency to receive grant (this address will be used to mail the grant check if received): \*

Please download a copy of the organization's IRS 501(c)3 nonprofit Tax Determination Letter and certification of Tax Exempt Status. \*

Select File  No file selected

Maximum File Size: 10MB , Accepted file types: .doc, .pdf, .jpg

No file attached

Is the institution receiving the grant in or near the community of the chapter? \*

**Evaluator**

(0 to 1)

Person at Institution/Agency responsible for receipt and supervision of grant(Name and Title/Position): \*

Phone Number: \*

Email: \*

Name of Certified Child Life Specialist, Registered Play Therapist or Certified Recreational Play Therapist on staff: \*

Please attach a copy of this person's certification (must be current): \*

Select File

Choose File

No file selected

Maximum File Size: 10MB

No file attached

Is certification attached? \*

**Evaluator**

(0 to 1)

Brief description of the established therapeutic play or child life program \*

Is there a established therapeutic play or child life program a the receiving institution? \*

**Evaluator**

(0 to 1)

Department in which item(s) will be used \*

Identify durable, non-consumable item(s) which will remain with the child life therapy program to be purchased. Due to hospital germ and infection protocol a portion of the grant request may be for "consumable" or one-time use items but should not exceed more than 10% of the request. Baby rattles, pacifiers, and art supplies may be considered a part of that 10%. Attach an itemized price list, number of items if more than one of the same item, with vendor of each item(s). \*

Select File

Choose File

No file selected

Maximum File Size: 10MB

No file attached

Is the listing of items requested detailed including prices and vendor? \*

**Evaluator**

(0 to 2)

Are the majority of the identified item(s) to be purchased non-consumable and of lasting value?  
(consumable items no more than 10%) \*

**Evaluator**

(0 to 1)

What is the total cost of item(s) requested? (This amount must match the uploaded file of items.) \*

\$  .

(Max range: 5000.00)

Is the grant application for \$5000 or under? \*

**Evaluator**

(0 to 1)

### Intended Use of play therapy grant

How will this assist the institution/agency in carrying out its play therapy/child life/recreational therapy program? \*

### Letters of Endorsement

Attach letter of endorsement from the Institution/agency organization's Child Life/Play Therapy/Therapeutic Recreational Specialist \*

Select File

No file selected

Maximum File Size: 10MB

No file attached

Is the letter of endorsement attached from the Institution/agency organization's Child Life/Play Therapy/Therapeutic Recreational Specialist? \*

**Evaluator**

(0 to 1)

Attach letter of endorsement from the Alumnae or Collegiate Chapter President, or from the Individual if a chapter is not making the request. \*

Select File

No file selected

*Maximum File Size: 10MB*

*No file attached*

Is the letter of endorsement attached from the Alumnae or Collegiate Chapter President or Individual **Evaluator** requesting the grant if not a chapter? \*

*(0 to 1)*

## Certification/Permission to Release Information

By submitting this application, I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. \*

Yes, I certify that all information is true and accurate.