

AMERICAN FOUNDATION OF ACUPUNCTURE & ORIENTAL MEDICINE

P.O. Box 630308, Houston, TX 77263

APPLICATION FORM

Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Fax: _____

The project/department that I am requesting funding for is related to the following area:

Research Scholarships Community Service Any the Above

In 500 words or less, please describe your project/work and why you are requesting funding.
Please describe how much funding you are requesting and how you intend to use the funds.
Please attach any supporting documents.

Please mail request to: **P.O. Box 630308, Houston, TX 77263** Tel: 713-899-6758