



Grant Request Form

**American Myalgic Encephalomyelitis and
Chronic Fatigue Syndrome Society**

Please fill out 1 – 8 if you are requesting funding from AMMES.

1. Full Name:	
2. Physical Address (Street, City, State, Zip, Country):	
3. Mailing Address (if different)	
4. Email:	
5. Phone:	
6. Amount Requested:	
7. Request Date:	
8. What are the requested funds for?	

Requested by (Grantee)

Name: _____

Signature: _____

Date: _____

Approved by (AMMES)

Name/Title: _____ Grant No. _____

Signature: _____

Date: _____

Check made out to: _____

Address to send check: _____

Supporting Documents: _____

Follow-up _____