## Anne Arundel Women Giving Together (AAWGT) Member Sponsorship Fund 2014 Application Form

AAWGT has established a Member Sponsorship Fund for the following purposes:

- \* Sustaining and increasing AAWGT membership and diversity in all respects, including age, ethnicity, occupation, experience, socioeconomics, location within the County, and other demographic factors.
- \* Providing opportunities for women to learn about the needs of women and children in Anne Arundel County, philanthropy, grant making, and the power of collective giving.
- \* Facilitating and supporting involvement in the committees and leadership of AAWGT.

Sponsored members are expected to be active in the organization and attend at least two general meetings and join a committee or help with a special project.

To apply for a partial or full award of Sponsorship Funds, please complete this form and provide the Personal Statement described below.

I am applying for an award of Sponsorship Funds for (please check one):
Regular Membership (ages 36 and older - annual contribution of \$550/year)
Associate Membership (ages 35 and younger - annual contribution of \$275/year)
Amount of Sponsorship Fund award requested (Partial or Full) \$
Name of Applicant
Occupation/Organization (optional)
Please list skills/interests you may be able to contribute to AAWGT. For example:
Website maintenance
Working on a special project as part of a team
Planning educational sessions
Connecting us to potential speakers of interest to AAWGT
Setting up AV equipment for meetings
Using your graphic design skills
Enhancing our social media presence
Serving as a liaison to one of our grantees

Helping with electronic newsletter				
Networking with membersFundraising Address				
			Phone Number	Email
interest in AAWGT and how the benefit both you and AAWGT. ( remain confidential. If you are	ement (one page maximum) describing your erequested award from the Sponsorship Fund will The information included in your statement will selected as a sponsored member, there is no ters or other listings between sponsored and other			
I certify that all the information	provided is true.			
Signature	Date			
Please submit this completed Ap to:	plication Form and your Personal Statement by email			
Heidi Busch				
membership@givingtogether.org				