

International Federation of Psoriasis Associations - IFPA Solidarity Fund -

APPLICATION FORM

Applying organization: _____

Contact person: _____

Address: _____

Telephone: _____

Date and location of the event to be organized:

Purpose of the event:

Expected number of participants: _____

Expected impact:

Reason why your organization is applying for a grant:

Estimated budget for the event: _____

Other sources of funding:

Name and signature of the signatory of the applying organization

Date and place _____

