

Smith Arthritis Fund Grant Application
Mecklenburg County Medical Society
(Please submit typed grant application by mail, fax or email)

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Brief Description of Study

Please include in no more than three pages total, additional information on your study, e.g., objectives, methodology, personnel, facilities, evaluation, dissemination, etc.

Brief Summary of Arthritis Patient Benefit

Timeframe of Study _____ Scheduled Completion Date _____

Amount Requested _____

Signature of Requestor

Date

Printed Name of Requestor

Mail, fax or email grant application to:
Smith Arthritis Fund
Mecklenburg County Medical Society
1112 Harding Place, Suite 100
Charlotte, NC 28204
Fax: 704-376-3173
Email: ssmith@meckmed.org