



DATE _____

MISSION PROJECT FINANCIAL ASSISTANCE APPLICATION

Please Print:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Describe the mission or service project _____

Date of Service _____

Organization's name you will be working with _____

Are you a member in good standing with the Opticians Association of Michigan _____

At the conclusion of your mission or service project, you will be required to submit a summary within 60 days.

Up to \$500.00 Financial Assistance Available.

Please email the completed application to: treasurer@theoam.org
Or fax to: 517-515-7880