

2026 CHAPTER GRANT REQUEST

Chapter Name (Legal Name):

Chapter Employer Information Number (EIN):

Reason for funds:

Annual Meeting Month and Year:

Request Amount:

I confirm that my chapter has submitted the 2025 Chapter Annual Report to APS **and** has a Chapter Affiliation Agreement on file.

CRITERIA AND ELIGIBILITY

As stated in the APS Chapter Affiliation Agreement section 2.:

APS' obligations under this Agreement shall include the following:

- a. Upon request, the chapter may apply for a one-time grant of up to \$2,000 to defray startup costs upon the signing of this Agreement for new Chapters.
- b. Permit the Chapter to utilize the American Physiological Society (APS) name in the name of the Chapter, provided that the Chapter adds words distinguishing the Chapter from APS as required by Section 1.a., and adds words distinguishing the Chapter from any existing Chapters of APS. A Chapter name may not have the same acronym as APS.
- c. Identify an APS staff liaison as a point of contact.
- d. Upon request, the Chapter can apply for grant funding provided by APS of up to \$1,500 annually to support Chapter activities directly related to the Chapter's mission. To be eligible for grant funds, the Chapter must submit an annual report and a grant request form.

One grant request per calendar year (max. \$1,500) and must be submitted by December 10 to chapters@physiology.org.

Requirements:

1. 2025 Chapter Annual Report and Chapter Affiliation Agreement must be on file with APS (check box confirmation above).
2. Report summarizing event is required if requesting funds for Chapter annual meeting travel expenses.
3. Chapter President and President-elect must be APS members in good standing at the time of grant request submission.

Questions: contact chapters@physiology.org or call 301.634.7171



2026 CHAPTER GRANT DISTRIBUTION

Distribution will be made payable to the Chapter. Distribution method: Automatic Deposit or Check

Automatic Deposit Authorization: I authorize the American Physiological Society to deposit payments into my account. If funds to which I am not entitled are deposited, I authorize the American Physiological Society to direct the bank to withdraw said funds from the account described below. This authority will remain in effect until I have canceled it in writing.

Bank Name:

Branch:

City:

State:

Zip Code:

Account Type:

Account Number:

Bank Routing Transit Number:

Name on Account:

Signature:

Date:

Email Address:

Check will be made payable to the Chapter. Mail check to:

Name:

Address:

City:

State:

Zip Code:

I confirm this grant will be used solely for the facilitation of APS Chapter activities.

Approved by:

Chapter President Signature

Chapter President Name

Date

Submit this completed form to APS at chapters@physiology.org or mail to:

American Physiological Society
Membership Department
6120 Executive Blvd., Suite 575
Rockville, MD 20852-9839
T: 301.634.7171