

## HeartMath Education Projects Application Form

No information provided to us will be shared with any third party.  
We will never rent, sell, or give out your information.

**\*All fields are required.**

\* First Name \_\_\_\_\_

\* Last Name \_\_\_\_\_

\* Home Mailing Address \_\_\_\_\_

\* City \_\_\_\_\_

\* State \_\_\_\_\_

\* Zip \_\_\_\_\_

\* Home Phone \_\_\_\_\_

\* Home E-mail Address \_\_\_\_\_

School \_\_\_\_\_

District/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

Profession/Position \_\_\_\_\_

How long have you been in this profession/position? \_\_\_\_\_

How did you hear about the HeartMath Institute?

### Details of Implementation

**Which student population do you serve?**

*(i.e., grade level(s), regular Education, special education, at risk, demographics, etc.)*

**Which HeartMath Institute programs and products do you wish to be awarded?**

**How are you planning to use these programs and products with your student population?**

*Please detail your implementation plans, including number of students being introduced to programs and frequency and duration of use.*

**What do you hope to achieve with this implementation?**

### Financial Need

**Please explain your organization's financial situation and why you need to apply for a sponsorship.**

*By submitting this application, I hereby certify that the information provided above is accurate to the best of my knowledge. I give permission to release this information to the IHM Sponsorship Committee for review.*