



# The Dr. Ellen Hosiosky Fund

*A believer in Traditional Pilates*

## CONTACT

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[www.drellenfund.org](http://www.drellenfund.org)

## Dr. Ellen Hosiosky Funding Application

PLEASE PRINT

Date: \_\_\_\_\_

### PERSONAL INFORMATION:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about the Dr Ellen Hosiosky Fund?

\_\_\_\_\_

### BACKGROUND:

Are you currently certified as a Pilates instructor? \_\_\_\_\_

If yes, please specify where your certification was gained  
and what year? \_\_\_\_\_

Are you currently working as a Pilates instructor? \_\_\_\_\_

At which establishments? Please specify how long you've  
worked at each \_\_\_\_\_

\_\_\_\_\_

Please list all your continuing education credentials  
including approximate dates of workshops and the  
number of continuing education hours of each \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other important information regarding  
your background in Pilates you feel would be a  
contributing factor to your application? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FUNDING DETAILS:

Are you using funding to complete your Pilates instructor  
program, if so, where? \_\_\_\_\_

Are you applying for funding for another reason? \_\_\_\_\_

If yes, please describe the event/ activity/ or project you  
are seeking funding for? (Please keep to 200 words or  
less) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a name for your project?

\_\_\_\_\_

How many people will this affect? \_\_\_\_\_

Planned date of event: \_\_\_\_\_

Other Pilates affiliations to event: \_\_\_\_\_

\_\_\_\_\_