

REQUEST FOR ALUMNI ASSOCIATION SUPPORT

All campus clubs and organizations requesting funding from the Alumni Association should complete this form at least 8 weeks prior to the event. Additional supportive documents may be attached and returned to: The Office of College Advancement, 211 Knapp Hall, Cobleskill, NY 12043. Questions may be directed to Executive Director of the Alumni Association, Lois Goblet at 255-5524.

PLEASE FILL IN ALL FIELDS

Contact name:		Date of request:
Phone:	E-mail:	
Name of individual/organization/cl	lub making request:	
Is the recipient of this potential sup	oport a student athlete?	YES NO
What event/activity will be support	ted?:	
Total cost of event/activity: \$	Amount requ	ested from Alumni Association: \$
Date funds are needed by:	Is this a recurring ev	ent/activity?: YES NO
Please explain the activity/event re	quiring funding and the goals	to be attained (additional information may be attached):
		.
Has funding been requested/seems	of fuors other sources?	YES NO
Has funding been requested/secure	d from other sources?:	I I ES NO
Check any that apply: Stude	ent Government (Clubs)	Professional Development (Faculty)
If funding has been requested/secu	red from other sources, please	complete:
Source:	Amount requested:	Amount received: YTD:
Requester's Signature:	,	Date submitted:
Dean's Signature:		Date submitted:
Provost's Signature:		Date submitted: