

REQUEST FOR FOUNDATION SUPPORT

All campus clubs and organizations requesting funding from the College Foundation 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 College Foundation at 255-5524.

PLEASE FILL IN ALL FIELDS

Contact name:		Date of request:
Phone:	E-mail	:
Name of individual/organization	on/club making request:	
Is the recipient of this potential	support a student athlete?	YES NO
What event/activity will be sup	pported?:	
Total cost of event/activity: \$_	Amount requ	ested from College Foundation: \$
Date funds are needed by:	Is this a recurring ev	rent/activity?: YES NO
Please explain the activity/ever	nt requiring funding and the goals	to be attained (additional information may be attached):
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Has funding been requested/sed	cured from other sources?:	YES NO
Check any that apply: S	tudent Government (Clubs)	Professional Development (Faculty)
If funding has been requested/s	secured 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: