

Funds Request Form

First Name

Last Name

Position/Title

Organization/Program

Address

City, State Zip

Email Address

Telephone

Please provide an explanation of your organization/program

In what county(s) is your organization/program located?

In what school district(s) is your organization/program located, if applicable?

How much funding is your organization/program requesting?

\$

In what month will the funding be needed?

Please explain in detail how this funding would be used within your organization/program?

How many students are expected to benefit from the funding?

Has your organization/program received funding previously from KSPE Eastern Chapter?

If so, when and how much?

Does your organization/program receive other sources of funding? Please list each and the percent contributed to your overall need.

Are there other ways our chapter could support your organization/program? Please explain in detail.