

## Request for Funding

\*\*Please note: The Endowment fund committee meets 3 times per year. Funding requests must be received by January 31 for the February meeting, March 31 for the April meeting and September 30 for the October meeting.

Fund applying to: **Barbara Moore Memorial Trust Fund**

Date of Request for Funding: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Type:  Resident     Graduate Student     Undergraduate Student     Med Lab Tech

Course or Meeting Name: \_\_\_\_\_

Location of Course or Meeting: \_\_\_\_\_

Dates of Course or Meeting: \_\_\_\_\_

Description of Course or Meeting: \_\_\_\_\_

Will you be giving a brief presentation upon return to those who may learn from your experience?

Yes     No

Breakdown of Estimated Costs:

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
Total Costs	_____ \$

Total Amount of Funds Requested \$ \_\_\_\_\_

Is there shared funding available, if so please provide name and amount. \_\_\_\_\_

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature