

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: **Dr. Thomas A. Cunningham Memorial Fund**

Funding Request For: **Travel Awards (to attend meetings\conferences on Haematological Pathology)**

Date of Request for Funding: _____

Name of Applicant: _____

Applicant Type: Resident Undergraduate Student Med Lab Tech

Will the applicant be presenting papers\posters on Haematological Pathology? Yes No

Conference or Meeting Name:

Location of Conference or Meeting: _____

Dates of Conference 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