

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: **Maureen Fuller Memorial Lecture Fund**

Funding Request For: **Visiting Lecturer (in the field of Medicine)**

Date of Request for Funding: _____

Name of Applicant: _____ Name of Lecturer: _____

(Please include CV and Schedule of Activities with this application)

Will the guest lecturer be addressing or visiting the Department of Pathology and participating in its teaching activities in general? Yes No

Lecture Title: _____

Location of Lecture: _____

Dates of Lecture: _____

Description of Lecture: _____

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