



Extra-Curricular Education Funds

(Please complete and submit to the associate dean of your school.)

I. Person(s) requesting funds and nature of event:

Name(s): _____

Date of Request: _____

Organization(s), Discipline(s), Group(s)
represented: _____

Specify the nature of the
event: _____

II. Fund Request and Use:

Date of Event: _____ Amount: \$ _____ Funds needed by (date): _____

Account number that funds will be transferred to: _____

Please specify the purpose of the funding (honorarium, meals, lodging, etc.). Attach a
breakdown of individual expenses, if relevant:

III. If request is for a speaker(s), please complete the following:

Name: _____

Address: _____

Speaker's Expertise: _____



NOTE: When your request is approved, please send the speaker's Social Security Number to the Administrative Specialist for your College

IV. Other Sources of Funding: What other groups or organizations will participate in this event?

Which groups or organizations will allocate funds to support this event? Please specify group(s) and amount(s):

V. Please explain below how your request reflects the goals and/or mission of Mary Baldwin University.

VI. Additional information you would like to give (use back).

Amount Requested: \$ _____ **Amount Approved:** \$ _____ **Date:** _____

(associate dean)