



# ENDOWMENT/ FELLOWSHIP FUND

## Check Request



*\*Please request at least 30 days before presentation*

### CHECK REQUEST INFORMATION

DATE REQUESTED:	DATE NEEDED:	AMOUNT OF CHECK: \$
NAME OF FUND:		<input type="checkbox"/> ENDOWMENT <input type="checkbox"/> FELLOWSHIP
REQUESTED BY:		
PHONE:	EMAIL:	

### CHECK DETAILS & MAILING INFORMATION

**CHECK MADE PAYABLE TO:** *(Student, school, or organization only)*

NAME:

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STREET ADDRESS/PO BOX:

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CITY:	STATE:	ZIP:
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PHONE:

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SPECIAL MAILING INSTRUCTIONS:  
*(Chapter, Endowment Holder, etc.)*

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### APPROVALS

APPROVED BY:	TITLE:	DATE:
REGIONAL DIRECTOR SIGNATURE: <i>(when applicable)</i>		DATE:

### RETURN REQUEST TO EAF AT LEAST 30 DAYS BEFORE CHECK IS NEEDED

<b>BY MAIL:</b> Educational Advancement Foundation / EAF 5656 South Stony Island Avenue   Chicago, IL 60637	<b>BY EMAIL:</b> <a href="mailto:akaeaf@akaeaf.net">akaeaf@akaeaf.net</a> <b>BY FAX:</b> 773-947-0277
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OR SUBMIT ELECTRONICALLY — CLICK SUBMIT TO SEND FORM SUBMIT