

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:

STREET ADDRESS/PO BOX:

CITY:	STATE:	ZIP:
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PHONE:

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

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

BY MAIL: Educational Advancement Foundation / EAF
5656 South Stony Island Avenue | Chicago, IL 60637

BY EMAIL: akaeaf@akaeaf.net
BY FAX: 773-947-0277

OR SUBMIT ELECTRONICALLY – [CLICK SUBMIT TO SEND FORM >>](#)

SUBMIT