



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:
PHONE:		
SPECIAL MAILING INSTRUCTIONS: <i>(Chapter, Endowment Holder, etc.)</i>		

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 SEND ELECTRONICALLY – CLICK SUBMIT TO SEND FORM >>

SUBMIT

QUESTIONS? CONTACT EAF — **PHONE:** 773-947-0026 | **EMAIL:** akaeaf@akaeaf.net | **WEBSITE:** www.akaeaf.org