



# 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:  
*(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](mailto:akaeaf@akaeaf.net)  
**BY FAX:** 773-947-0277

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

**SUBMIT**