



**ALUMNI ASSOCIATION**

**Request for Alumni Association Support**

Project Name: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

College Of: \_\_\_\_\_

\*When available, attach a copy of published information with this request.

Project Leader: \_\_\_\_\_

Team Leader Email: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Number of Students Participating: \_\_\_\_\_

Purpose for Project: \* \_\_\_\_\_

Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Costs for Project: \_\_\_\_\_

Source(s) of Funding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Support Desired from the Alumni Association:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Required: \_\_\_\_/\_\_\_\_/\_\_\_\_

Competition with other state or national universities?  Yes  No

Competition Name: \_\_\_\_\_  
Place: \_\_\_\_\_ Date: \_\_\_\_\_

Describe Competition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_