**Request for Arizona State Alpha Delta Kappa Altruistic Education Funds**

*Request Deadline:* ***January 31, FIRM Deadline***

Chapter Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Initiated Chapter Members as of May 2018:\_\_\_\_\_\_\_

Name of Your Chapter Treasurer or Officer in charge of Funds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of this Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of your request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make this check out to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Need the name of your chapter on your bank account

**Summary of how the funds will be used for teacher classroom activities/ materials or for student support:** (These funds may be used for active ADK members or for a classroom teacher who may be a prospect for membership in ADK. This could help both our teachers and our membership.)

**(You don’t have to be exact in how it will be spent. Just give an idea.)**