AAUP FOUNDATION GRANT REQUEST FORM

(AAUP FOUNDATION BEATRICE KONHEIM FUND)

This form must be completed and sent to executiveassistant@aaup.org.

Date: _____

Name of Person/Organization Requesting Grant: _____

Contact Person: _____ Telephone: _____

Address: _____ Email: _____

_____ Website: _____

Organization Federal ID/Individual Social Security No._____

Grant Amount Requested $_____

Please list the purpose for this funding and the intended outcome(s).

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Please attach a complete list of anticipated expenses. If you are awarded the grant, you will be required to submit receipts in order to receive reimbursement following the conference. Please feel free to supplement this information.