

Sarah A. Parkhurst Lecture & Program Fund Application

Organization/person making request:_____

Is your organization a 501 (c)(3) standing organization? (not required for funding)_____

Primary Contact Name Info:

Name_____

Address_____

Phone number_____

Email address_____

Program Name:_____

Program Date:_____

Program Location:_____

Amount Requested:_____

Details:_____

_____

Itemized information on intended use of funds (including fund dispersement information):

_____

_____