

REQUEST FOR FUNDING

LGBTQ Center

Date: _____

Faculty____ Staff____ Student ____ (year in school_____)

Name of Person Making Request: _____

Local Address: _____

Email Address: _____

Telephone Number: _____

Amount of Request: _____

Amount Approved: _____

Note: For reimbursement to an individual, original receipts and social security number are required.

Social Security Number: _____

PID Number _____

Please answer the following, for funding consideration by the LGBTQ Center.

- Reason for request: (How would the requested funding contribute to your personal development, and how it would strengthen the LGBTQ community at UNC, and/or promote a positive environment on campus for LGBTQ individuals or ideas? Please attach related materials that may be of assistance in evaluating this request, *particularly those detailing any of your previous LGBTQ-related activities.*)
- Please indicate how funding will be used, if approved: (include a budget, and if you have contacted other departments or groups concerning funding – if so, please indicate amount already and/or tentatively committed from another group)
- Have you been approved for funding the in the past from the LGBTQ Center: (if so, please indicate for what activity and for what amount)

I certify the above and all answers to this form are legitimate, honest, and any funds approved will not used for purposes other than those outlined in this proposal.

Signature: _____

Date: _____

Return form to:
LGBTQ Center
CB 5100, 09 Steele Building
Chapel Hill, NC 27599

Or attach to an email addressed to:
lgbt@unc.edu