

**OXFORD ACADEMY FOUNDATION
REQUEST FOR FUNDS**

Please complete the following information (print or type)

Name of Department/Group: _____

Date: ____/____/____

Contact Name: _____ Title: _____ Phone: (____) ____ - _____

Funds are being requested for: (please be specific and attach detailed list if necessary)

How many students will benefit? _____

Have you researched other means of providing the activity, program or equipment and what was the outcome? _____ YES _____ No

Please explain:

If full funding is not possible, would partial funding help? Please explain.

If funding is not granted, will the project be abandoned? Please explain.

Authorized Signature _____ Date: ____/____/____

Name: _____ Title: _____ Phone: (____) ____ - _____

----- *For Foundation Use Only* -----

Funds awarded: ___ Yes ___ No Amount \$_____ Check # _____ Date ____/____/____

Authorized Signature _____

Reason for partial or no funding:

Other comments:
