



AIM-IRS NATIONAL COMBINED FEDERAL CAMPAIGN (CFC)

CHAPTER REQUEST FOR CFC FUNDS

Date of Request _____

AIM-IRS Chapter _____ Region _____

Chapter President's name _____ RVP's name _____

Chapter Mailing Address (CFC check will be mailed to this address OR specify other address CFC check is to be mailed)

Street or PO Box _____

City _____ State _____ Zip Code _____

1. Amount Requested _____

2. Date(s) of Event(s) _____

3. Purpose of Funds (attachments if necessary) _____

4. Scholarship Selection Criteria (describe or attach copy) _____

5. Name(s) of Scholarship Recipient(s) and Amounts Awarded (attachment, if necessary)

Name

Amount

APPROVAL PROCESS AND ROUTING ORDER (signature and date required)

Chapter President _____ Date _____

Regional Vice President _____ Date _____

National Executive Secretary _____ Date _____

Approve Deny

Reason for Denial: _____

National President _____ Date _____