



### REQUEST FOR PROGRAM FUNDS

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

- Use this form to request program funding for projects/events related to the formation or stabilization of student, local, or state alliance groups; including efforts related to membership and leadership development.
- Form shall be forwarded to the AADA treasurer using mail service or electronic delivery at least 30 days prior to planned project/event.
- AADA Treasurer: Anne Morrison, 2459 N. 148th Street, Omaha, NE 68116 slmorrison@cox.net

**Description of Project/Event**  
(Include details related to audience, date, cost, and how this project/event correlates to the mission of AADA)

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**Leadership Council Approval**

\_\_\_\_\_ The project/event has been approved for an amount not to exceed \$ \_\_\_\_\_

\_\_\_\_\_ The project/event was not approved for funding.