



FUNDING SUPPORT REQUEST FORM

Faculty Member's Name: _____

EAS Department: _____

Request related to: Research/Creative Work Service Instruction

EAS Department Chair Signature: _____

COMPLETE QUESTIONS BELOW FOR REVIEW BY EAS EXECUTIVE COMMITTEE:

What amount of funding support is needed?

What would the funds be used for, specifically?

If this is a continuance or repeat of previous EAS funding for this activity, what was the direct benefit to the department and the college?

If this is the first funding request for this activity, what is its direct benefit to the department and the college?

Have any other supporting sources been sought?

If funding support is not provided, what will you do?

When would support need to be provided? (*Timeframe on payment*)

Alternate ideas, if funding support is not approved or available?

Approved Amount _____ Dean's Signature: _____

NOTE: If approved, a follow-up report on the fund's use and outcome of the activity will be provided to your Department Chair