

ACADEMY MEMORIAL FUND
405 W. GRAND AVENUE * DAYTON, OH 45405
937-723-3438 Email: district3academy@gmail.com

Request for Funds/Sponsor

Full name: _____

Address: _____

AOA # _____

Residency program (if applicable) _____

Residency Program Director _____

Residency Program Director cell # _____

Approximate total cost : \$ _____ **Requested amount: \$** _____

Date required: _____

Please state reasons or purpose for requesting these funds.

Please attach additional comments or backup material

Are you seeking funds from any other sources? Yes [] No []

If yes, from whom?

Denied

Reason for denial:

Approved

Amount: \$ _____

Approved by: _____

Date: _____