



Request for Funds or Donations – Internal

*Faculty/Staff Enrichment Grant or Student Engagement Fund

Please complete this form to request funds or items to be donated. All requests must be made at least one week in advance for consideration. Financial assistance will be limited to only those requests that meet the mission of the Foundation.

Department/Program: _____

Craven CC Name: _____

Craven CC Email Address: _____

Craven CC Telephone Number: _____

Project Name or Student Name and Description of Need:

Request - \$_____ OR Number of Items and Description:

_____ Faculty Enrichment Grant*

_____ Staff Enrichment Grant**

_____ Student Engagement Fund***

_____ Other

_____ Student Special Needs Fund – MUST include description of need. Attach details & explanation.

Required by Date: _____

Signature of Craven CC Representative: _____

Signature of Dean or Vice President: _____

* See criteria here: <http://cravencc.edu/wp-content/uploads/foundation/Criteria-for-Faculty-Enrichment-Fund.pdf>

** See criteria here: <http://cravencc.edu/wp-content/uploads/foundation/Criteria-for-Staff-Enrichment-Grant.pdf>

*** See criteria here: <http://cravencc.edu/wp-content/uploads/foundation/Criteria-for-Student-Engagement-Fund.pdf>