

2001-2002 FUNDING APPEALS APPLICATION

Due: Monday, February 18, 2002 3:00 p.m. – BHSA Office (289 Simon)

In making your appeal, please keep in mind the amount of BHSA funding your organization received last year and make clear the nature of the activities that you will fund with your appeal.

1. GROUP NAME: _____

2. NAME AND BOX # OF CONTACT PERSON: _____

3. AMOUNT REQUESTED DURING REGULAR FUNDING PROCESS: _____

4. AMOUNT RECEIVED DURING REGULAR FUNDING PROCESS: _____

5. HOW MUCH ADDITIONAL MONEY ARE YOU REQUESTING? _____

6. STATE THE REASONS FOR YOUR APPEAL, INCLUDING NATURE OF THE ACTIVITY TO BE FUNDED.

7. PLEASE USE THIS SPACE TO INCLUDE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE MIGHT HELP US. ATTACH ADDITIONAL PAGES IF NECESSARY.
