

**Arkansas School for Mathematics, Sciences and the Arts Foundation Fund**

200 Whittington Avenue

Hot Springs, AR 71901

Phone (501) 622-5110, Fax (501) 622-5109

[www.asmsa.org/giving](http://www.asmsa.org/giving)

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**ASMSA Foundation Grant Request**

**(Request must be made by an ASMSA employee—*students should not solicit the Foundation directly.)***

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff/Faculty Name

Proposed Use of Funds:

Residential Student Support (medical needs, financial assistance, ACT/SAT fees, etc.)

Residential Student Excellence (opportunities that will allow students to excel at the national level)

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Student Name Class of 20XX

Art Department  Humanities Department Science Department Math Department 

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(All requests must be accompanied by a requisition. Please leave Fund, Organization, and Program numbers blank.)

Briefly describe the reason for the request (use additional paper and supporting documents if necessary):

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All sections below must be completed, signed and dated. Upon approval, funds will be disbursed appropriately.

**ASMSA Approval**

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**ASMSA Department Chair Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASMSA Dean (relevant to the request) Date**

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**ASMSA Director Date**

**The ASMSA Foundation Fund Use Only**

**Funding Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ASMSA Director of Institutional Advancement Date**