



**Raza Faculty and Staff Association  
San Francisco State University**

**Funding Request Form**

**Date of Request:** \_\_\_\_\_

**Type of Grant (please check one):**

- Scholarship Grant
- Project/Event Grant
- Time Sensitive Grant

**Funding Requestor (RFSA dues paying members only)**

Complete Name: \_\_\_\_\_

Job Title and Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Funding Request**

Scholarship/Project/Event Name: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Recipient Department/Organization: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Itemized Budget Attached

Name(s) of Other Funding Sources:

\_\_\_\_\_  
\_\_\_\_\_

**Funding Disbursement**

Payee Name: \_\_\_\_\_

Pick up check on campus

Mail check to:

\_\_\_\_\_

**Project Description:** Please attach no more than one additional sheet describing the program, speaker(s), targeted audience, activities and the overall goal of your proposed event. (Please read funding guidelines.)