Lehigh University
Chaplain’s Office 2018-2019

Religious Group Request for Funding Support

Religious Groups who request funding support from the Chaplain’s Office must formally apply for funding and agree to the conditions included in this form.

Name of Religious Group/Organization: ____________________________________________

Name of Person Completing this form: ______________________________________________

Description of Program for which funding is requested: ____________________________
______________________________________________________________________________

Amount of the Request: _________________________________________________________

What will the money be specifically used for: _________________________________________
______________________________________________________________________________

If you are requesting money for off campus activities or travel, have those members of your group participating in the travel been identified and has each one filled out a Lehigh University waiver?
___________________________________________yes                                      ________________________no

N.B. No moneys will be transferred for travel until a Lehigh waiver has been signed by every person involved in the travel.

What other funding has been secured or is being requested? Please give amounts and source:
______________________________________________________________________________
______________________________________________________________________________

Account to which money is to be transferred: _______________________________________

You agree to provide a report on activity and how the money was used within 30 days of the activity (copies of receipts required):
___________________________________________

Signed by person authorized by religious group
________________________________________________________________

For office use only:   Action taken: _____ approved     ________ disapproved     ____ hold

Notes: 