



Bohl-Fabian Funding Application

Applicant's Name: _____

Address: _____
Street City State Zip

Application Date: _____

PA State System University: _____

Email Address: _____ Phone Number: _____

Major/Area of Study: _____

Number of Credits Completed: _____ GPA _____
(Include official transcript)

Reason for Funding Request: _____

Amount of Funding Requested: _____ Date Needed: _____
(Request may not exceed \$1,000. Funding request must be received 60 days prior to the date the funding is needed.)

Executive Summary:

- I. Brief description of the project, research, program or travel for which the funding is requested including how it meets the eligibility requirements. (300 word limit)
- II. Partners Participating (if any).
- III. Goals, objectives and timeframe of the project, research or program. (250 word limit)
- IV. Budget – details on how the funds will be used.

Please mail complete application packet to:

PA State System Foundation
Attn: Eileen Showers
2986 North 2nd Street
Harrisburg, PA 17110