



Funding Request

Date: _____

Sport/Team: _____

Team Sponsor: _____
Name Email Phone

Dollar Amount Requested: _____

Use of Funds: (describe nature of request in detail, including project timeline, who will benefit and any additional materials, equipment or support needed.)

Has this been submitted to the Athletic Department? Yes No

Coach's Signature: _____

KAB USE ONLY

Amount Approved by: \$ _____

Athletic Director Approval: _____

KAB Treasurer Signature _____

Date _____