

## FUNDING REQUEST FORM

| То:                | Date of Request:          |   |
|--------------------|---------------------------|---|
| Student Name       | Payee:                    |   |
| Corporate Sponsor: | Payee's Federal Tax ID #: |   |
| Student Phone #:   | Total Amount Requested:   |   |
| Student SS#:       | Payment Due Date:         | — |

| REQUEST FOR: | TERM<br>(Fall, Winter,<br>Spring, Summer) & Year | AMOUNT DUE<br>\$<br>\$ | EBF DEPT.<br>APPROVAL |
|--------------|--|------------------------|-----------------------|
| Parking      |  | \$                     |                       |
| Housing      |  | \$                     |                       |
| Computer     |  | \$                     |                       |
| Other        |  | \$                     |                       |
|              | Total Amount Due:                                | \$                     |                       |

Make Check Payable to: Mailing Address:

Attention:

**Special Instructions:** 

- 1. Be sure receipts and supporting documentation are enclosed.
- 2. Please use a separate form for each check requested.
- 3. Mail/Fax completed form, receipts, & supporting documentation to your regional office below.
- 4. Your current transcripts must be on file at your regional office before any request can be processed.
- 5. Matching funds from your corporate sponsor must be received by the Foundation before a check can be issued. This generally takes 6 to 8 weeks after your final paycheck has been issued for the summer. Please plan accordingly.

| Emma L. Bowen Foundation (Eastern Region)     | CBS Studio Center<br>4024 Radford Avenue, Admin. Bldg. Suite 300 |  |  |
|---|--|--|--|
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| New York, NY 10019<br>Phone: (212) 975 - 2545 | Studio City, CA 91042  |  |  |
|   | Phone: (818) 655 - 5708<br>Fax: (818) 655 – 8358                 |  |  |
| Fax: (212) 975 – 5884                         | Tax. (818) 855 - 8558  |  |  |