

KSDAR
Application for Friendship Fund

Please print and complete the form. This request must be submitted by November 1. Send the completed form via email to treasurer@kansasdardar.org.

Refer to KSDAR Standing Rules for guidelines for the application and use of the KSDAR Friendship Fund.

Member Name: _____

National Number: _____

Chapter: _____

If approved, payment will be mailed to your Chapter Treasurer. Please provide their name and contact information.

Chapter Treasurer Name: _____

Chapter Treasurer Mailing Address: _____

Does your chapter have a Friendship Fund? _____ Yes _____ No

If yes, your chapter must first apply funds from your chapter's friendship fund before requesting state funds.

Have you requested funds for this member previously? _____ Yes _____ No

Members may only use the fund once.

Signed: _____

Chapter Regent