

LANE COMMUNITY COLLEGE FOUNDATION

REQUEST FOR NEW ACCOUNT

TYPE OF ACCOUNT:

☐ SCHOLARSHIPS ☐ GRANTS ☐ LOANS ☐ STIPENDS ☐ OTHER: _____

DEPARTMENT NAME: _____

PROJECT TITLE: _____

SPECIFIC PURPOSE(S):

STAFF AUTHORIZED TO EXPEND:

Print Name

Signature

Phone Ext.: _____

Phone Ext.: _____

Phone Ext.: _____

ADDITIONAL INFORMATION:

Foundation Project Number: _____

Date Received: _____

Approval: _____

Department Chair

Vice President

Foundation Director