



## KENNESAW STATE UNIVERSITY FOUNDATION, INC REQUEST FOR NEW FOUNDATION PROJECT

### PROJECT INFORMATION

Person Completing Form:	Date:
Title:	Department/Program:

### TYPE OF RESTRICTION

Unrestricted
                         
  Temp Restricted
                         
  Endowment

### TYPE OF PROJECT

Annual Scholarship
                         
  Unrestricted Budget
                         
  New Program  
 Endowed Scholarship
                         
  Existing Program  
 Other: \_\_\_\_\_

### DETAILS

Description of Project <small>(include description of original funding source):</small>
Description of Specific Restrictions <small>(i.e. construction, general operations of program, general operations of departments, etc.):</small>
If Project is a Scholarship, Does Payment Flow Through Financial Aid? If No, Please Explain:

### AUTHORIZATION TO OPEN NEW PROJECT

By signing this form, you confirm that any funds deposited into this project will be used for purposes stated above. This form serves as the understanding between the Foundation and other parties unless referenced above to another governing agreement (i.e. endowment agreement, scholarship agreement, memo of understanding, etc.).

Signature of Person Completing Form	Title	Date
Vice President, Dean or Director Signature	Title	Date
Printed Name of Authorized Signature		
Foundation Approval	Date	

### FOR KSU FOUNDATION OFFICE USE ONLY

Project ID:	Date:	Created by:
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