



*Must  
Be for  
Education*

## Legacy Foundation Funds Request

**Date:**  
**Need By Date:**

**Name of Association, Council or Region:**

**Name and address of person submitting the form:**

**Amount Requested:**

**Purpose of Request:** Please give a brief description of what the funds will be used for – attach documentation if appropriate

**Please give a brief description on what you feel the benefit to the association would be.**

This form needs to be submitted at least 30 days in advance to the Vice President

8/15/2011