



Kappa Kappa Psi Leadership Speaker Funds Request / Application



Submitted by: _____ Chapter: _____

Office: _____ Address: _____

(city)

(state)

(zip code)

Phone Number: _____ Email Address: _____

SPEAKER INFORMATION

*Total funds requested: \$ _____

Name of Speaker: _____ E-mail address: _____

Speaker's Address: _____

(city)

(state)

(zip code)

Speaker's Home Phone: _____ Speaker's Work Phone: _____

Position Held: _____

1. Please provide reason why leadership funds should be granted for speaker: ***Use reverse side for extra space if needed.**

2. Please provide goals for speaker and event.

3. Please provide an estimated expense report of speaker's expenses.
