



## ACerS Section Supplemental Funding Request

*Please feel free to copy this form to use for future requests.*

**Please type or print all information.**

Name of Section \_\_\_\_\_ Officer Making Request \_\_\_\_\_

We would like to use supplemental funds in the following ways:

**New GGRN or MA Memberships**

*Please list the name, contact information, and membership type for each new member. Add another page if needed.*

Name	Street Address	City, State, ZIP	Phone	Email	Type of membership (GGRN, YPN, MA)

**Materials Science Kits**

Number of kits requested: \_\_\_\_\_

**Section Events Funding**

Amount requested: \_\_\_\_\_

Funds will be used for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ We understand that we are to submit a description of how the funds are used within 30 days of using a portion of the money. *(please initial)*

Section Officer Signature \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Please submit your request to **Belinda Raines, Outreach Manager**, via mail, fax, or email:  
**The American Ceramic Society, 600 North Cleveland Avenue, Suite 210, Westerville, OH 43082**  
**Fax: 614-794-5888      Email: [braines@ceramics.org](mailto:braines@ceramics.org)**

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Approved by ACerS: \_\_\_\_\_ Date \_\_\_\_\_