

CROSS COUNTY SCHOOL FOUNDATION

Request for Funds

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

Requested date of funds distribution: \_\_\_\_\_

Who will benefit by this request: (i.e. specific group or grade in school, please list all grades or groups if multiple):

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Please attach any written specifications, brochures or any other information which will assist the foundation in their decision of this request.

Name of person/organization making this request: (if organization, need contact person's name) & telephone number: \_\_\_\_\_

Submit this request to: Cross County School Foundation Treasurer  
P.O. Box 525  
Stromsburg, NE. 68666