



**California State University Stanislaus Foundation**

One University Circle, Turlock, CA 95382 Tel: (209) 667-3145 Fax: (209) 667-3076

**FOUNDATION ACCOUNT APPLICATION FORM  
SCHOLARSHIPS & CAMPUS PROGRAMS**

**Requestor:** \_\_\_\_\_ **Fund Number:** \_\_\_\_\_

**Dept:** \_\_\_\_\_ **Phone/Ext:** \_\_\_\_\_

Funds must be used to benefit the University, a campus program, students, or an authorized faculty activity. Procurement actions and financial transactions must be undertaken in accordance with University and Foundation policies and procedures.

**Modify/Close Existing Fund** Fund Name: \_\_\_\_\_

**Establish New Fund** Fund Name: \_\_\_\_\_

**Purpose of Fund:**  Restricted Designation  Scholarship  Campus Program

**Source of Funding:**  Contributions  Fundraisers

**Add Attachment Explaining Operational Use and Benefit to University:**

•Attach Donor Instructions if the Fund is for a Scholarship. •Attach Additional Pages if More Space is Needed.

**Anticipated Types of Expenditures Within Duration of Fund:**

- Equipment  Services  Publicity  Supplies  Travel  University Charges  
 Contributions  Payroll  Food/Beverage  Other: \_\_\_\_\_

**Duration of Fund (Less than 18 Months):** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Instructions for Closing Fund:**

- Transfer to Related Fund: No: \_\_\_\_\_ Type: \_\_\_\_\_ Name: \_\_\_\_\_  
 Transfer to State Trust Fund: \_\_\_\_\_

**Authorized Signatures for Disbursements/Closing Funds (Type or Print):**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
University Sponsor

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
University Sponsor

- Please note that fees will be assessed on funds. See Foundation policy.
- Negative account balances are not allowed. Funds with negative balances that are not immediately resolved may be closed and will become the liability/responsibility of the department associated with the authorized signatures.
- Funds may be collected and held in interest bearing accounts. Interest will be paid to account holders or retained by the Foundation per its policies.
- In the event that the Authorized Signatories are no longer at the University, the Foundation Executive Director or Treasurer will identify replacement personnel or will close the fund and transfer balances accordingly.

**Approval is Required for Processing**

Title	Name	Signature	Date
Dean/Dept Mgr Or Vice President			
Manager of Advancement Or Vice President of Advancement			
Foundation Treasurer Or Foundation Executive Director			

Information: Copy to Financial Services