



**AAUW Branch or State
Fellowship and Grant Establishment Form**

Name of Proposed Fellowship/Grant: _____

Type of Endowment (Check one):

- American Fellowship International Fellowship Research & Projects Grant

Initiator: _____
Branch/State Name

Size of Branch / State Membership: _____

Contact Person (include name, address, phone #):

On what date may AAUW
publicly recognize this new
fellowship or grant?

Source of Initial Funds for Fellowship / Grant:

- New** contribution amount is: _____
 check enclosed check to accompany CRF

Record of Giving to AAUW by Initiating Branch / State (last 5 years):

20_____ 20_____ 20_____ 20_____ 20_____
\$_____ \$_____ \$_____ \$_____ \$_____

Plan for Fundraising (for next 5 years):

Year 1: 20_____ Goal: \$_____

Planned activities (describe): _____

Year 2: 20_____ Goal: \$_____

Planned activities (describe): _____

Year 3: 20_____ Goal: \$_____

Planned activities (describe): _____

Year 4: 20_____ Goal: \$_____

Planned activities (describe): _____

Year 5: 20_____ Goal: \$_____

Planned activities (describe): _____

Signed By: _____

AAUW Funds Chair

_____ Date

President

_____ Date

The fellowship and grant completion amounts are subject to change. Please be sure to contact the AAUW Development Office at 202/785-7766 or kristie.malley@aauw.org prior to sending in your form and contributions.

When all officers have reviewed and signed the form, please send to:

Kristie Malley
Manager, Major and Planned Giving

Carol Rogrud
Director, Transformational Giving

AAUW
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