

**ARKANSAS STATE UNIVERSITY
SYSTEM FOUNDATION, INC.**

REQUEST FOR NEW ACCOUNT NUMBER

CAMPUS: _____

ACCOUNT NAME: _____

COLLEGE/UNIT: _____

DEPT: _____

TYPE OF ACCOUNT: (Check one)

Restricted Discretionary _____ **Restricted Scholarship** _____

Endowment Scholarship _____ **Endowment Program** _____

PURPOSE OF ACCOUNT: (Briefly describe)

ACCOUNT CONTROLLER:

_____ Typed or Printed Name	_____ Phone Number
_____ Title	_____ College/Department
_____ Signature	_____ E-mail Address

FOUNDATION USE ONLY:

Account number:

Authorization:

Date: