

**MBA Community Support Program
APPLICATION FORM**

After reviewing our community support guidelines, please complete the application.

ORGANIZATION INFORMATION

Date of application: _____/_____/_____

Legal Name of Organization: _____

Tax ID Number: _____

Contact Name and Title: _____

Full Address: _____

Phone Number: _____

Email: _____

Fax: _____

Program/event title: _____

Program/event dates: _____

Have you received donations from the MBA in the past? (If yes, please give time frame and amount)

Your organization's Mission Statement

Please provide a brief description of your organization (max 1 paragraph)

PROGRAM INFORMATION What are the key objectives of this program? Please include who, and how many people, will benefit from this program/event.

Please indicate which of the following commitments from the MBA are needed to make the program successful

- Business expertise:** brief description of need (i.e., accounting, marketing, legal...)
- Monetary donation:** Amount
- Services**
Volunteers: If yes, please describe. How many hours?

Please list other corporations or organizations that are currently involved with this program/event.

Thank you for your interest in the MBA