



Foundation for Atlanta *Veterans* Education and Research

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REQUEST FOR REVIEW AND APPROVAL OF NON-PROFIT EDUCATIONAL ACTIVITY

1. Request Submitted By:		2. Email Address:	3. Telephone:
<i>Last Name, First Name:</i>			
5. Sponsor / FAVER Account ID:		6. Contact's Name:	7. Telephone:
		<i>Last Name, First Name:</i>	
8. Title of Activity:			9. Date(s) of Activity:
10. Funds Will Be Used to Support the Following Educational Activity:			
<input type="checkbox"/> Sponsor a Seminar			
<input type="checkbox"/> Sponsor Staff or Patients to Attend Education and Training Activity			
<input type="checkbox"/> Requestor to Attend Education and Training Activity			
<input type="checkbox"/> Other			
11. Description of Education and Training Activity:			
12. How Will the Activity Benefit the VA:			
13. Attach Budget and Description of Proposed Expenditures:			
14. Attach Program Brochure, Course Description, Etc. (if available):			
Requestor's Signature:			Date:
For FAVER Use Only			
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved	
By:		Date:	
FAVER Executive Director			
Referred to Non-Profit Education and Training Subcommittee:		Date:	