

Winthrop University Foundation
683 Oakland Avenue
Sykes House
Rock Hill, SC 29733

Fund Information Form (WUF-A)

Date:

Select one:

- New Fund Request
- Fund Change Request (highlight changed items)
- Close Fund Request

Fund Name:

Fund #:

Administrator Name:

Title:

College/Dept. Name:

Campus Address:

Campus Phone/Ext.:

E-Mail Address:

Department Approval:

***Dean/Director of VP Approval:**

WUF Executive Director Approval:

Is this an endowed fund?

- Yes
- No

Source of funding & amount to be deposited:

****Purpose:**

*New Fund Administrators or replacements for current Fund Administrators are appointed by the Dean, Director or Vice President. This form must have the signature of the Dean, Director or Vice President before it is submitted to the Foundation for processing. If the Fund administrator will be the Dean or Director, the appropriate Vice President must sign. If the Vice President is to be the Fund Administrator the President must approve.

**Identify the type of activity this fund is intended to support and any donor restrictions on its use I.e., unrestricted to a college, restricted to department, student scholarship, faculty and staff support, or other.

Attach copies of all relevant donor correspondence. Be specific.

Note: Incomplete forms or those without proper approval signatures will be returned to the Fund Admin.

Date Entered:

By:

Effective: