

**UUFF LEADERSHIP DEVELOPMENT FUND  
SPEAKER/CONSULTANT APPLICATION FORM**

Please print

**APPLICANT'S NAME** \_\_\_\_\_ **DATE OF APPLICATION** \_\_\_\_\_

**SPONSOR'S NAME** \_\_\_\_\_

**SPEAKER/CONSULTANT'S NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

\_\_\_\_\_

**EMAIL** \_\_\_\_\_

**ORGANIZATION** \_\_\_\_\_ (attach vita if applicable)

**DATE AND AMOUNT OF PREVIOUS FUNDING FROM UUFF, IF ANY:**

**PURPOSE OF EVENT:**

**WHERE WILL THIS OCCUR?**

**WHEN:**

**TIME:**

**SPECIAL EQUIPMENT REQUIRED:**

**IS THE UUFF CALENDAR FREE OF CONFLICTING EVENTS?**

**WITH WHOM, OR TO WHAT PORTION OF THE FELLOWSHIP, WILL THIS PERSON ADDRESS?**

**LDC recommendation:**

**Date:**

**Funds disbursed (check #)**

**Date:**

**Report to congregation:**

**Date:**