



*The American College of*  
**FOOT & ANKLE ORTHOPEDICS  
& MEDICINE**

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**ACFAOM STUDENT CLUBS  
REQUEST FOR FUNDING FORM**

Name of Podiatric School/College/Program:

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Preferred mailing address:

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Name of Club's Advisor: \_\_\_\_\_

Name of Club's President: \_\_\_\_\_

Name of Club's Vice President: \_\_\_\_\_

Name of Club's Treasurer: \_\_\_\_\_

Name of Club's Secretary: \_\_\_\_\_

Please include the following with this application:

1. A list of your clubs active members
2. A list of your clubs scheduled activities for the upcoming year
3. A preferred month when we could send a speaker to you school.