



1211 Park Avenue
Bismarck, ND 58504
701)222-1854
www.thearcofbismarck.org

Request for Stipends

Stipends are dependent on availability and awarded at the discretion of The Arc of Bismarck.

Name of activity: _____

Sponsor of activity: _____

Location of activity: _____

Start date/time: _____ End date/time: _____

Goal of participation: _____

Estimated costs including:

Registration: _____ Travel: _____ Lodging: _____

Meals: _____ Other (specify): _____

TOTAL: \$ _____

I understand that I agree to write and submit a "Reflection Paper" within 2 weeks after the event to The Arc of Bismarck. Please see next page.

Requested by: _____ Date: _____ Funds needed by: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Amount approved: \$ _____ By: _____

