



ACPM
American College of Podiatric Medicine
Education | Research | Advocacy

ACPM STUDENT CLUBS REQUEST FOR FUNDING FORM

Name of Podiatric School/College/Program:

Preferred mailing address:

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.