



**NOTE TAKING
FUNDING REQUEST**

(PLEASE PRINT)

NAME: _____ SSI or 800 #: _____

I HAVE AN OPEN CASE WITH ACCESS-VR: Y N

NAME OF ACCES-VR COUNSELOR: _____

ACCESS-VR OFFICE LOCATION: _____

ACCES-VR COUNSELOR'S PHONE #/E-MAIL: _____

<u>COURSE #</u>	<u>COURSE NAME</u>	<u>INSTRUCTOR</u>	<u>CRN</u>	<u>HRS/WK</u>
Example COMM 301	OLA	ERIC SMITH	11456	2
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Hours per week: _____ Number of weeks: _____

Rate of pay: \$10.40 Cobleskill Stipend Volunteer

Total hours of service requested: _____ Semester: _____

I hereby give permission for AccessABILITY Resources at SUNY Cobleskill to forward the above request information to the above named counselor, to request possible funding for this service. I understand that funding is not guaranteed by SUNY Cobleskill, and that this is only a request.

Signature

Date

Request Supported by DSS _____
Staff Initials

Date

AccessABILITY Resources