

**Application
EFS Financial Assessment**

Application date:

Section I: General Information

Organization Name:	
Address:	
Telephone number:	Fax number:
Year Organization was founded:	Number of students:

Section II: Contact Information

Director:	
Telephone number:	Email address:
Contact person and title (if not director):	
Telephone number:	Email address:
Treasurer:	
Telephone number:	Email address:
Business/Financial Manager:	
Telephone number:	Email address:
Sponsor and contact person:	
Telephone number:	Email address:

Section III: Narrative

Briefly describe your organization.
Briefly describe your organization's academic processes.
Briefly describe your organization's financial management process.
Briefly describe your organization's internal control process.
Briefly describe how your organization will benefit from an EFS financial assessment.
What A-site does your organization use?
Will your organization be able and willing to provide EFS with Read-Only access to accounting information? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will your organization be able to provide access to the building in the case that EFS will need to locate information? <input type="checkbox"/> Yes <input type="checkbox"/> No