



Student Life Fee Assistance Request Form

Name of Club/Organization:

Program/Outreach Title:

Date of Program/Outreach:

Location of Program/Outreach:

Expected Number of Attendees:

Program/Outreach Start Time:

Purpose of Program/Outreach:

Items needed for program/outreach:

Contact Person(s): _____

Amount Requesting:

Signature of Applicant: _____ Date of Application: _____

Office Use ONLY

___ Approval ___ Denial Amount approved: _____

Dean of Student Success Services: _____ Date: _____

Dean of Students: _____ Date: _____