

STUDENT LIFE GRANT REQUEST form

Requestor:

Group:

Email:

Phone:

Have you received Student Life funds in the past? Yes No *If "Yes" please explain...*

Proposed Project or Activity: (Please use the back of this sheet or include attachments as needed.)

Why are you requesting funds and how will they be used to facilitate this Project or Activity?

How will students benefit from the use of these funds? (Please include # of students to benefit.):

PROPOSED BUDGET

Budget Category	Amount Requested	Explanation
TOTAL		

Requestor's Signature *Date*

Supervisor's Signature *Date*

Please return to the Student Life Office. This grant proposal will be reviewed by the SGA at their next District Meeting.

STUDENT LIFE GRANT REPORT

Requestor _____ Group _____

Email _____ Phone _____

Project or Activity Description: _____

What was to outcome and how did students benefit (Please include # of students)? _____

What are the future plans and goals as related to this project/activity? _____

SPENDING REPORT

ITEM/CATEGORY	Amount Requested	Amount Spent
TOTAL		

Requestor's Signature Date

Supervisor's Signature Date

Please return to the Student Life Office within 10 working days of the completion of the project/activity.