Financial Assistance for Student Academic Travel
Student Club Request

Student name: ___________________________  Date: _____________

Student ID number: _______________  Local (cell) Phone #: _______________

Major: ___________________________  Semester standing: _______

Please note that the College of Agriculture, Health and Natural Resources has limited funds to support student club travel. Be sure to attach as much documentation as possible about the activity that you are requesting support for.

Name/dates of event: ___________________________

Location: ___________________________

Transportation: ___________________________

Website describing the event (if applicable): ___________________________

Please provide a brief description of the involvement your group will have (use additional sheets as necessary):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
 Costs and Contributions

Student requests are generally expected to be leveraged by as many sources of contribution as possible.

<table>
<thead>
<tr>
<th>Costs</th>
<th>Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare</td>
<td>Personal</td>
</tr>
<tr>
<td>Car/Train/Bus</td>
<td>Club/Group</td>
</tr>
<tr>
<td>Lodging</td>
<td>Major Advisor</td>
</tr>
<tr>
<td>Registration</td>
<td>Department</td>
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<tr>
<td>Other</td>
<td>Other</td>
</tr>
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<td>Total</td>
<td>Total</td>
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</tbody>
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Student Signature: ____________________________ Date

Advisor/Department Head Signature: ____________________________ Date

Please return completed form to:
College of Agriculture, Health and Natural Resources
Office of Academic Programs, W. B. Young Building, Room 206