STUDENT GROUP TRAVEL SCHOLARSHIP REQUEST FOR FUNDING FROM THE DELTA COLLEGE FOUNDATION

THESE FUNDS ARE TO BE USED TO PAY FOR STUDENT TRAVEL ONLY.

You will need to include a list of all students participating in this travel, so the funding can be added to their student travel account. Although student ID numbers will be required, be sure you do not send that information electronically, for privacy reasons.

Date:	
Faculty Advisor Name:	
Faculty Advisor Office:	Faculty Advisor Phone Number:
Faculty Advisor E-mail Address:	
Description of Travel Experience:	
Total Coat of Trip for Foob Children	Amount of Deguast
Total Cost of Trip for Each Student: Amount of Request:	
Please attach a copy of your signed St	udent Group Travel Pre-Approval Form
Signature of Faculty Advisor:	
Signature of Dean/Vice President:	
(All group travel projects must be reviewed and approved prior to a request for funding.)	
Please hand deliver this to Sue Paris in B156j. If hand delivery is not possible, please scan and email to suzanneparis@delta.edu or call Sue Paris at (989) 686-9215 with questions.	
	dation Use Only (04-5876-2490)
□ Request Approved □	Request Denied
Dollar Amount Approved:	
Signature of Foundation Executive Direct	or:
Additional Comments:	