

**Student Life Educational Fund Proposal Form**

Proposal Submitted By: _____	Date(s) of Trip: _____
Email Address: _____	Phone Number/Ext. _____
Program Name & Year: _____	
Number of Students: _____	Estimated Cost: _____
(planning on attending the trip)	
College Acct. Number: _____	
Cheque Payable to: _____	

Is this an academic requirement for the course?     Yes     No  
(Please note, to qualify for this funding, the trip must **NOT** be an academic requirement)

Description of Event or Trip (use a separate sheet if necessary):

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Faculty's Comments (use a separate sheet if necessary):

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Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

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Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Student Numbers Checked:     Yes     No    Invoice Received:     Yes     No

Date Approved by Executive Committee: \_\_\_\_\_

Cheque Number: \_\_\_\_\_