

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):

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

Faculty Signature: _____

Date: _____

For Office Use Only:

Received By: _____ Date Received: _____

Student Numbers Checked: Yes No Invoice Received: Yes No

Date Approved by Executive Committee: _____

Cheque Number: _____