

## Marshall Jevons Funding Request Form

**Date Submitted:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Student Contact Info: Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Proposal Title/Keywords:** \_\_\_\_\_

**Amount Requested (up to \$500):** \_\_\_\_\_

\*\*\*\*\*For office use only\*\*\*\*\*

**Funding Status: (Please mark appropriate box)**

Approved                      Amount approved: \_\_\_\_\_

Disapproved

\_\_\_\_\_  
Kenneth G. Elzinga                      Date

\_\_\_\_\_  
Bunny Stinnett                      Date