



Student Chapter Funding Request Form

Date _____

Name of University _____

Address _____

City _____ State _____ Zip _____

Primary Student Officer Contact _____

Phone _____ Email Address _____

Student Chapter Advisor _____

Phone _____ Email Address _____

Request Information

Request Amount (limited to \$500 per year) _____

Funding Decision Requested By (date): _____

Description of How Funds Will Be Used:

Note: Examples of acceptable expenses include travel expenses, conference registration, etc. Funding to cover food costs is not considered acceptable.

Please submit this request form to itewisconsin@gmail.com with the subject line "Student Chapter Funding Request".

----- DO NOT WRITE BELOW THIS LINE -----

Record of Membership Action

Date Received: _____

Funding request is: () approved () not approved

Signed: _____ Date: _____

President, ITE Wisconsin Section