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|  | Campus Impact Fund Request |

# Student Request Form Fall Spring

## Project Information

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| Project Name: |  | |
| Point of Contact: | |  |
| Email Address: |  | |
| Potentially Effected Departments |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Dates: From- |  |  | To- |  |

Amount Requested: $\_\_\_\_\_\_\_\_\_.\_\_\_\_

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| --- |
| Please attach a 1-3 page description of your project. Be sure to include a brief description of the project as well as an explanation of how your project will benefit the local campus community. |
|  |
| *All initial requests are subject to change. Please submit required revisions to the AS&F Office no later than 2 weeks after notification of required changes.* |

|  |  |
| --- | --- |
|  |  |
| Point of Contact Signature | Date |

## Approvals

|  |  |
| --- | --- |
|  |  |
| AS&F Senator Name |  |
| AS&F Senator Signature | Date |