PARENTS’ COUNCIL REQUEST FOR FUNDS

1. Name of Conference/Event

2. Identify Participants (Please include all participants email addresses and phone numbers)

Faculty/Staff Sponsor (Primary recipient for all correspondence) | Event Purpose:
---|---
Mr. | (Primary recipient for all correspondence) | Event Purpose:
Mrs. | | |
Ms. | | |
Miss | | |
Dr. | | |
Name (First) | (Last) | |
On Campus Address | | |
Department | | |
College of | | |
Campus Phone | Organization Name | Amount Requested:
Email Address | Date of Event | Amount Awarded: (for office use)
*Attach supporting material if available

3. Agree to Terms
1. I understand that the Parents’ Council is supporting my initiative through a special funding account provided by the parents of TAMU-CC;
2. I understand that I am required to document this event thoroughly and provide written summaries to the Office of the Provost and the Development Office; and,
3. I understand that I will be required to show a 5-minute PowerPoint presentation at no less than two summer New Student Orientations, in order to share my experience with the parents who make opportunities like this possible.

4. Signature of Student:___________________________________________

College or Faculty/Staff Sponsor | Date | Provost/VPAA Signature | Date
---|---|---|---
Approval Signature | | | |

Revised 02/2013