

**DELTA COLLEGE FOUNDATION
GROUP STUDENT TRAVEL SCHOLARSHIP REQUEST**

Date: _____

Faculty Advisor Name: _____

Faculty Advisor Office: _____ Faculty Advisor Phone Number: _____

Faculty Advisor E-mail Address: _____

Course Name and Number: _____

Travel Dates and Destination: _____

Description of Travel Experience: _____

Total Cost of Trip for Each Student: _____ Amount of Request: _____

**PLEASE INCLUDE A LIST OF ALL STUDENTS PARTICIPATING WITH STUDENT ID NUMBERS.
THESE FUNDS ARE TO BE USED FOR STUDENT TRAVEL ONLY.**

Signature of Faculty Advisor: _____

Signature of Dean/Vice President: _____

(All group travel projects must be reviewed and approved prior to a request for funding.)

Please hand deliver this to Sue Paris in B156j. If hand delivery is not possible, please scan and email to suzanneparis@delta.edu or call Sue Paris at (989) 686-9215 with questions.

For Foundation Use Only (04-5876-2490)

Request Approved

Request Denied

Dollar Amount Approved: _____

Signature of Foundation Executive Director: _____

Additional Comments: _____
