

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

Date: _____ Student GPA: _____

Student Name: _____ Student ID #: _____

Student Mailing Address: _____

Student Phone Number: _____ Student E-mail Address: _____

Course Name and Number: _____

Travel Dates and Destination: _____

Description of Financial Need or Special Circumstances: _____

Total Cost of Trip: _____ Amount of Request: _____

THESE FUNDS ARE TO BE USED FOR STUDENT TRAVEL ONLY.

Signature of Student _____

Signature of Faculty Member Overseeing Travel _____

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

For Foundation Use Only (04-5876-2490)

Request Approved

Request Denied

Dollar Amount Approved: _____

Signature of Foundation Executive Director: _____

Additional Comments: _____
