

# INDIVIDUAL STUDENT TRAVEL SCHOLARSHIP REQUEST FOR FUNDING FROM THE DELTA COLLEGE FOUNDATION

THESE FUNDS ARE TO BE USED TO PAY FOR STUDENT TRAVEL ONLY.

Date: \_\_\_\_\_ Student GPA: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student E-mail Address: \_\_\_\_\_

*Although a student ID number is required, be sure you do not send that information electronically, for privacy reasons.*

Course Name and Number: \_\_\_\_\_

Travel Dates and Destination: \_\_\_\_\_

Description of Financial Need or Special Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Cost of Trip: \_\_\_\_\_ Amount of Request: \_\_\_\_\_

**Please attach a copy of your signed Student Group Travel Pre-Approval Form**

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](mailto: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: \_\_\_\_\_

\_\_\_\_\_

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