Faculty Experiential Event Funding Request

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Please complete all areas, so we may reach you promptly.

Last Name: _____

First Name: _____

Email Address: _____

Phone Number: _____

Title (e.g. Faculty, Lecturer, Dean, etc.): _____

Department: _____

Course/Program associated with request: _____

Please answer all questions below:

Does your request fit the funding guidelines?

Are all intended recipients registered HawaiiCC students in a declared certificate or degree program?

How will participation in the experiential event benefit the students' education?

Funds Requested for event in which semester?

Fall _____

Spring _____

Summer _____

Funding request is for?

Costs associated with attendance (e.g. tuition, books, fees, etc.) that are outside the normal cost of the class.

Field Trip

Registratioin Fees (e.g. to attend a competition, professional industry related event, etc.)

Study Aboard

Costs associated with experiential learning (e.g. finger printing charges, parking passes, etc. required for internships)

Please provide a detailed description of the request. **What will the funds be used for?**

Date or time frame of event? _____ to _____

Please upload a copy of the event flyer or web page.

How many students will participate? _____

How much funding is requested per participant? (max request $250) _____

TOTAL OF FUNDING REQUEST? _____

How are you requesting funding be awarded/paid?

Invoice from vendor (preferred) listing all student participants and the dollar amount of designated request amount.

Reimbursement direct to student after providing receipts (non-taxable). May take 4-6 weeks for processing.

Via Banner as an award to student (may be taxable) (e.g. tuition, books, fees, etc.).

APPROVALS: (only one required)

Division or Department Chair	Printed Name	Date
Dean	Printed Name	Date
Vice Chancellor for Learning	Printed Name	Date
Chancellor	Printed Name	Date

Funded Date: _____

Notification Sent to Faculty Date: _____

Designee	Printed Name	Date