

2023-2024 DEPARTMENT REQUEST FORM

EDUCATIONAL OPPORTUNITY FUND

Incomplete Applications will not be accepted

Name of Organization/Depa	rtment:		
Amount of Request:	Number of Students Receiving Funds:		
Contact Information for Par	ty Requesting Funds:		
First Name:	Last Name:	Email:	
Purpose of fund request:			
How does this fund request			
Why should funds be alloca	ted to your program?		