



2024-2025 DEPARTMENT REQUEST FORM

EDUCATIONAL OPPORTUNITY FUND

Incomplete Applications will not be accepted

Name of Organization/Department: _____

Amount of Request: _____ Number of Students Receiving Funds: _____

Contact Information for Party Requesting Funds:

First Name: _____ Last Name: _____ Email: _____

Purpose of fund request:

How does this fund request adhere to the EOF Criteria?

Why should funds be allocated to your program?

****ATTACH ADDITIONAL DOCUMENTATION FOR REQUEST, NOT TO EXCEED THREE PAGES.****
Return to Sophia Dawson, President, Associated Student Government (asgpres@emporia.edu), no later than

Friday, April 5th, 2024, at 5:00 p.m.