



## Student Chapter Funding Request Form

Date \_\_\_\_\_

Name of University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Student Officer Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Student Chapter Advisor \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Request Information

Request Amount (limited to \$500 per year) \_\_\_\_\_

Funding Decision Requested By (date): \_\_\_\_\_

Description of How Funds Will Be Used:

*Note: Examples of acceptable expenses include travel expenses, conference registration, etc. Funding to cover food costs is not considered acceptable.*

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Please submit this request form to the address below or email [itewisconsin@gmail.com](mailto:itewisconsin@gmail.com) with the subject line "Student Chapter Funding Request":

ITE Wisconsin  
Attn: Vice President  
P.O. Box 1107  
Milwaukee, WI 53201-1107

----- DO NOT WRITE BELOW THIS LINE -----

### Record of Membership Action

Date Received: \_\_\_\_\_

Funding request is:            ( ) approved            ( ) not approved

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

President, ITE Wisconsin Section