

# **Student Senate**

## **Request for Funds-Individual Student**

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**For Office Use Only:**☐ Approved ☐ Not Approved

Date Received: \_\_\_\_\_ Date Voted on By Senate: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Senate Treasurer Signature \_\_\_\_\_

**For Accounting:**Transfer from account # : **01-10-53400-63700 (DC Student Senate)**into account #: **01-10-23000-23030 (Student Orgs.)** Project Code: \_\_\_\_\_

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### **STUDENT OVERVIEW**

Individual students may request funds from the Student Senate by completing the Funds Request Form. A *maximum* of \$300 may be awarded per fiscal year, with only \$100 being awarded per trimester. The following criteria must be met:

1. Express an appropriate need for funds (reviewed by the Student Senate Treasurer Committee)
2. Must be in good academic standing with Parker University (as described in the Student Handbook and verified by Student Affairs)
3. Students and club representatives will be required to attend and to do a short presentation post-event at a forum to be scheduled at a later date.
4. Documentation must be attached to this form for costs associated with the seminar that you plan to attend.

**Students must meet at least 2 of the following additional criteria:**

1. Association with a group representing Parker University (i.e. Clinics or Research)
2. Has volunteered at a Parker University affiliated event (i.e. Parker Serves, Chiro Games, etc.)
3. Is/has been involved on campus (i.e. clubs, tutor, leadership)

**The Senate Treasurer Committee will NOT consider the following requests:**

1. Requests that are incomplete or missing elements listed above.
2. Support for 100-hour certification courses, board reviews or other voluntary seminars that are required for added certification.
3. Requests for an event/seminar that has previously been granted funds to the same individual by the Student Senate.

### **CONTACT INFORMATION**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Program/Tri: \_\_\_\_\_

Email: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**Request Information**

Name of event/seminar: \_\_\_\_\_ Date of Event/Seminar: \_\_\_\_\_

Website of event/seminar: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Personal contribution: \$ \_\_\_\_\_

Fundraising efforts: \_\_\_\_\_

Total Cost of Event (registration, travel, accommodations): \$ \_\_\_\_\_

**PARKER INVOLVEMENT:**

**The guidelines state that you must meet two of the following criteria:**

1. Association with a group representing Parker University (i.e. Clinics or Research)
2. Has volunteered at a Parker University affiliated event (i.e. Parker Serves)
3. Is/has been involved on campus (i.e. clubs, tutor, leadership)

**PLEASE PROVIDE A DESCRIPTION OF HOW YOU MEET THESE CRITERIA:**

**PLEASE PROVIDE AN EXACT DESCRIPTION OF WHAT THE FUNDS WILL BE USED FOR:**

**PLEASE PROVIDE A DESCRIPTION OF THE EVENT/SEMINAR YOU WISH TO ATTEND AND HOW IT WILL FURTHER YOU IN YOUR CHIROPRACTIC CAREER:**

**PLEASE GIVE A DESCRIPTION OF HOW THIS EVENT WILL BENEFIT PARKER UNIVERSITY AFFILIATED PROGRAMS, STUDENTS AND FACULTY:**

*\*\*\* Please submit completed application to Executive Treasurer,  
Picabo Caldwell [pcaldwell02@parker.edu](mailto:pcaldwell02@parker.edu) \*\*\**

*\*\*\* Applications are due one week prior to Senate meetings, which are scheduled during  
weeks 4, 9, and 13 of each trimester. \*\*\**