



LOUISIANA DELTA
COMMUNITY COLLEGE

Student Life Fee Assistance Request Form

Name of Club/ Organization: _____

Program/ Outreach Title: _____

Date of Program/ Outreach: _____

Location of Program/ Outreach: _____

Expected Number of Attendees: _____ Program/ Outreach Start Time: _____

Purpose of Program/ Outreach:

Items Needed for Program/ Outreach:

Contact Person: _____

Amount Requesting: _____

Signature of Applicant: _____

Date of Application: _____

Committee Use Only

___ Approve ___ Deny

Amount Approved: _____

Student Activities Assistant: _____

Date: _____

Signature of Committee Chair: _____

Date: _____

Signature of Executive Director: _____

Date: _____