James Madison University
Center for Multicultural Student Services
Support Request Form

DATE SUBMITTED: _____

STUDENT ORGANIZATION: _____

CONTACT PERSON: _____

PHONE: _____

ADDRESS/P.O. BOX: _____

CITY, STATE, AND ZIP CODE: _____

FEDERAL ID NUMBER: _____

MISSION OF ORGANIZATION: _____

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TITLE OF ACTIVITY/EVENT: _____

LOCATION OF ACTIVITY/EVENT: _____

DATE OF ACTIVITY/EVENT: _____

PLEASE CHECK THE APPROPRIATE BOX FOR SUPPORT REQUESTED

- ☐ **PUBLICITY**
- ☐ **TRANSPORTATION**
- ☐ **EQUIPMENT**
- ☐ **OTHER**

AMOUNT REQUESTED:

$ _____

Office Use Only:
Date Received: _____
Amount Awarded: _____

How does your event enhance or illuminate the multicultural character of the University and its students? _____

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How does the event or program relate to the mission of your organization? _____

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With what other organization have you dialogued or worked with in preparing this program? _____

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What means of non-CMSS support has your organization received for this event?_____

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Additional information that you feel is relative to our consideration of providing CMSS support: _____

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