

**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: _____

TITLE OF ACTIVITY/EVENT: _____

LOCATION OF ACTIVITY/EVENT: _____

DATE OF ACTIVITY/EVENT: _____

PLEASE INDICATE THE AMOUNT OF FUNDS REQUESTED.

AMOUNT REQUESTED:

AMOUNT APPROVED

\$ _____

\$ _____

Office Use Only:

Date Received: _____

Amount Awarded: _____

How does your event enhance or illuminate the diversity efforts of the University and its students? _____

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

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

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

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

