

**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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_