

WVU at Parkersburg Foundation Student Travel Fund Request

Student Name _____

Address _____

Phone # _____ (Home) _____ (Cell)

Student ID # _____ Eligible for Financial Aid ___ (Yes) ___ (No)

Organization Name _____

Advisor _____ Dates of Travel _____

Trip Description _____

Amount provided by student* _____ * If necessary, please explain your answer on back of form

Amount provided by student's fund raising efforts _____

Other funds (Corporate Sponsorship, In-Kind Donations, etc) _____

Student

Advisor/Faculty Member

Foundation Representative

*Limited funds are available for student travel.
All travel requests must be submitted at least 30 days prior to travel.*