



**REQUESTING DEPARTMENT INFORMATION**

NAME/DEPARTMENT: \_\_\_\_\_

OFFICE NUMBER: \_\_\_\_\_ EXT.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**EVENT INFORMATION**

EVENT TITLE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE(S): \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

All students must complete a Broward College scholarship application to receive this scholarship.

PURPOSE FOR SCHOLARSHIP	# OF CREDITS REQUESTING

**DISTRIBUTION:** (please check one)

Pony/Mail to: \_\_\_\_\_

Will be picked up by: \_\_\_\_\_

**Authorization**

Approval Signature : \_\_\_\_\_ Date: \_\_\_\_\_