

**STUDENT LIFE ENHANCEMENT FUND**  
*funded by Student Affairs—Parents Fund*

**REQUEST FOR FUNDING**  
**Office of Vice Chancellor for Student Affairs**  
**The University of North Carolina at Chapel Hill**

DATE: \_\_\_\_\_

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

NAME OF STUDENT ORGANIZATION, IF APPLICABLE:  
\_\_\_\_\_

Is the student organization officially recognized by the University for this academic year?

If so, does the organization have an account set up with the Student Activities Fund Office?

LOCAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

AMOUNT OF REQUEST: \_\_\_\_\_ DATE WHEN FUNDS NEEDED: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: For reimbursement to an individual, **original receipts and social security number are required.***

*Social Security Number:* \_\_\_\_\_

PID # \_\_\_\_\_

REASON FOR THE REQUEST: (Include the specifics of what the funds will be used for—description of the program, intended audience, and overall budget—if approved.)

**\*OVER\***

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IF APPROVED, TO WHOM DO YOU REQUEST THE CHECK BE MADE PAYABLE?  
(Note: If this request is from an officially recognized student organization that has an account with SAFO, please list

OFFICIAL NAME OF ORGANIZATION \_\_\_\_\_

This request must be supported by a faculty or staff member. Officially recognized student organizations should obtain the signature of their official advisor. Individuals must obtain the signature of a faculty or staff member within the University who supports their request.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Amount Approved: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

allocation entered in file     \_\_\_\_ / \_\_\_\_ / \_\_\_\_

by \_\_\_\_\_

**Return to: Sarah W. Jonczak  
Assistant Vice Chancellor for Student Affairs  
Division of Student Affairs**

**102 Steele Building  
Carolina Campus**