

Departmental Funding Request
Office of Equal Opportunity Programs and Multicultural Affairs
Valdosta State University

Department: _____

Contact person: _____

Phone number: _____ E-mail: _____@valdosta.edu

Description of event/activity:

Date funds are needed by: _____

Funds needed to complete task: \$_____

Funds requested from EOP/MA: \$_____

Amount awarded: \$_____

Applicant's Signature

EOP/MA Director Signature

***By accepting funds from the EOP/MA you are agreeing to include our office's name in all publicity statements. Our office is happy to help fund diversity events and activities, however we request recognition of our contribution.