

University of Missouri
High School College Partnerships
Dean's Funding Request for Events/Projects

Department HSCP Coordinator or Contact person: _____
 Email contact: _____ Telephone contact: _____
 Department Chair: _____
 Event Date and Time: _____

Briefly describe the event/project:

(Please include location, purpose, and anticipated number of participants)

Event/Project type – Please put an X below the project type that best describes what you are seeking to fund:

Student Event	Workshop or Conference	Professional Development	Other: Please explain

Strategic alignment – Please explain how this event/project helps with the HSCP overall Mission of:

- Enhancing Academic Programming;*
- Creating Engaging On-site Campus Learning Opportunities; and/or*
- Making Vigorous Community Impacts.*

Budget Information – Please attach a copy of your complete budget -- including the budget justification (Please include all items for which you are seeking financial support. If applicable, please indicate any other committed funding sources or pending requests as well as in-kind commitments).

	Signature	Date	Comments
HSCP Dept. Coordinator			
Dept. Chair			
HSCP Director			
A & S Dean			