EOF/MAP Conference/Event Sponsorship Application

Date: _____

Name:_____ Banner ID #_____

Email:_____ Cell:_____

Conference/Event:_____

Conference Date(s):_____Location: _____

Hotel: $_____ Registration: $_____ Transportation: $_____

Other: $_____Explain_____

Sponsorship Request: Full_____ Partial_____ Total Request: $_____

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****Please attach conference/event registration information to the application.**

Briefly explain why you would like to attend this event, how it will assist you in your personal, academic and professional goals and what you expect to gain from this experience.

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Counselor Recommended: _____

Please note: All students receiving a sponsorship from the EOF/MAP program is expected to participate in fundraising opportunities to assist others in receiving future scholarships.

Student Signature:_____

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For Office Use Only: Approved____Denied_____ Amount: $_____ Director: _____