

## REQUEST FOR STUDENT ACTIVITY FUNDS

Requestor Name and Date: \_\_\_\_\_

Request Amount: \_\_\_\_\_

Short description of how the funds will be utilized: \_\_\_\_\_

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Justification; How will this enhance student life on Campus?: \_\_\_\_\_

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\*\*\*Please send proposals to Devin Stroman in the Student Services Center,  
devin.stroman@roswell.enmu.edu If you have any questions please call (575)624-7012\*\*