



WITC ALUMNI ASSOCIATION CLUB FUNDING APPLICATION

To be considered for financial support from the WITC Superior Alumni Association, the co-curricular organization or extra-curricular club must be formally approved as a sanctioned affiliate of the Wisconsin Indianhead Technical College. The organization or club must meet the approval requirements and operational responsibilities stated in the WITC administrative policies.

Funding for club competitive events will be considered only for students attending national competitions, not local or state events. Consideration will also be given to fund attendance at conferences and leadership development activities.

Each club or organization is eligible to receive a maximum of \$100 per individual up to a limit of \$500 per club per academic year. Individual applicants must be active participants and in good academic standing.

Club or organization members who receive funding are required to participate in one Alumni Association sponsored fund-raising or community service activity of their choice. A calendar of events will be provided.

To request funding, submit the completed and signed forms, and allow four to six weeks for a response. The decision for support will be made by the WITC Alumni Association Club Funding Committee.

Return to: **Anita King**
 College Advancement Associate
 Wisconsin Indianhead Technical College
 600 North 21st Street
 Superior, WI 54880

WITC ALUMNI ASSOCIATION CLUB FUNDING REQUEST
(please type or print)

Club/Organization Name _____

President _____ Advisor _____

What is the purpose of this trip or event?

Where and when?

How many club members will be participating? _____

Cost per participant (actual or estimated) _____

What fundraisers have you held and/or are you planning to hold to finance this trip?

How much have you raised and/or do you plan to raise?

What has been the school and/or civic involvement of your club? How did the school or community benefit from your club's efforts?

Club President's signature _____ Date _____

Club Advisor's signature _____ Date _____

Attention: This information should be completed cooperatively by the club president and advisor for each club member requesting funding. Make copies as needed.

Name: _____ Date Enrolled: Mo. _____ Yr. _____

Is cumulative G.P.A. at least 2.0? Yes _____ No _____

Level of club involvement (circle one): Poor – Fair – Good – Excellent

Placement at state competition (if applicable): _____ out of _____

Name: _____ Date Enrolled: Mo. _____ Yr. _____

Is cumulative G.P.A. at least 2.0? Yes _____ No _____

Level of club involvement (circle one): Poor – Fair – Good – Excellent

Placement at state competition (if applicable): _____ out of _____

Name: _____ Date Enrolled: Mo. _____ Yr. _____

Is cumulative G.P.A. at least 2.0? Yes _____ No _____

Level of club involvement (circle one): Poor – Fair – Good – Excellent

Placement at state competition (if applicable): _____ out of _____

Name: _____ Date Enrolled: Mo. _____ Yr. _____

Is cumulative G.P.A. at least 2.0? Yes _____ No _____

Level of club involvement (circle one): Poor – Fair – Good – Excellent

Placement at state competition (if applicable): _____ out of _____
