**CHAPTER FINANCIAL ASSISTANCE REQUEST FORM**

**Chapter Name**: Click or tap here to enter text.

**Project Title**: Click or tap here to enter text.

**Implementation Dates:** Click or tap here to enter text.

**Purpose/Goals of Project/Event:** Click or tap here to enter text.

**Which Core Leadership Area(s) Is/Are Impacted?:** Click or tap here to enter text.

**When will it be held?**

**Where will it be held?** Click or tap here to enter text.

**How will it benefit the chapter or members?** Click or tap here to enter text.

**Amount Requested: $** Click or tap here to enter text.

**Cost Breakdown (Estimates)**

|  |  |
| --- | --- |
| **Cost Description** | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Benefits to the Chapter**

|  |  |
| --- | --- |
| **Name & Role** | **Major Responsibility or Contribution** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Is this related to the Chapter’s SHRM Excel Initiatives this year? \_\_Yes\_/\_No\_\_**

**Submitted by** Click or tap here to enter text. **Date** Click or tap here to enter text.

**Email address:** Click or tap here to enter text. **Phone #:** Click or tap here to enter text.

**Date Decision is Needed (if impact to Project):** Click or tap here to enter text.

**Approved by** Click or tap here to enter text. **Date** Click or tap here to enter text.