

**APPLICATION FOR STUDENT LIFE IMPROVEMENT PROJECT  
(S.L.I.P. FUND)**

Organizations Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Organization President: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Faculty/Staff Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

MSU Agency Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Other Organization Officers: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposal for use of the S.L.I.P. Fund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Organization President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty/Staff Advisor

\_\_\_\_\_  
Date

Date Approved: \_\_\_\_\_

Date Denied: \_\_\_\_\_

**\*Application must be typed**

**\*Must submit itemized summary budget with all planned expenses.**