

Name of person requesting project:

Organization/Department this will benefit:

Point of Contact:

Email:

Phone:

Brief Description of the Project to be requested:

Will this project require a financial donation? Yes if yes approx. how much: \_\_\_\_\_ No

Will this project require volunteers? Yes if yes approx. how many: \_\_\_\_\_ No

Date(s) to be completed:

Any additional comments about project being requested:

This form and any additional materials required for the project requested above must be submitted no later than 2 weeks prior to the requested date of completion to the Kappa Kappa Psi mailbox in Loeb Hall or emailed to Vice President of Programs Kaitlyn Garrison at [kmghwf@mail.missouri.edu](mailto:kmghwf@mail.missouri.edu) .