

**Pepsi Experiential Learning Fund**

◆ Student Name \_\_\_\_\_ ◆ NU ID# \_\_\_\_\_

◆ Address \_\_\_\_\_ ◆ Phone \_\_\_\_\_

◆ Name of Experiential Learning Activity: \_\_\_\_\_

◆ Date(s) of Activity: \_\_\_\_\_ ◆ Location: \_\_\_\_\_

◆ Description of Activities:

◆ Anticipated benefit to the student and/or university:

◆ Anticipated total funding required:	Travel	\$ _____	
	Lodging	_____	
	Other	_____	(detail)
		_____	
	Total	\$ _____	

◆ Amount of funding requested from Pepsi Fund: \$ \_\_\_\_\_ (\$500 maximum)

◆ List source & amount of funding REQUESTED or GRANTED from ANY SOURCE, including payment for services rendered, or enter "NONE".

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair's Signature \_\_\_\_\_ Dean's Signature \_\_\_\_\_

Amount of funding approved \_\_\_\_\_ SVC Signature and Date \_\_\_\_\_