

Student Pepsi Experiential Learning Fund

◆ Student Name _____ ◆ NUID# _____

◆ Email _____ ◆ Phone _____

◆ Address _____

◆ 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 Signature _____ Dean Signature _____

Amount of funding approved \$ _____
SVC Signature and Date _____

Return completed form to: Tami Plugge, Academic Affairs
University of Nebraska at Kearney
Warner Hall, Room 1000
Kearney, NE 68849