

TIE Assistance Request

Event Overview

Requestor Name:

Contact info:

Event Type/Equipment Item:

Event / Due date:

Event/Item Description:

Type of Request: ___Financial ___Volunteer Hours ___Other:_____

Financial Overview

Total cost of event:

Total funds requested (from TIE):

Alternate sources of funding requested/received:

Volunteers Hours Needed

Please describe the times and activities needing assistance:

Impact Group:

Description / # students impacted: