

ASF Trip Financial Assistance Form

This form must be returned to the **Office of Student Life** on the **Floyd Campus** by **Monday, February 22, 2010**.

Name: _____

GHC I.D. Number: _____

Telephone Number: _____

Current Class Schedule: _____

Campus Location: _____

GHC faculty member who is recommending you: _____

(Please ask a faculty member who is familiar with your work as a student to complete the Recommendation form. The faculty member should return the Recommendation Form to the **Rome Student life Office** no later than on **Monday, February 22**.)

Student's Statement

Please briefly describe how you think you would benefit from the ASF trip and why you are unable to afford to go at this time. Attach an additional sheet if necessary. Please note that you will still be responsible for a \$40 trip fee **due by March 3, and will also need** \$15-\$20 to cover other meals during the trip.

Faculty Recommendation Form

(to support student's request for financial assistance for the Alabama Shakespeare trip)

Name of Student: _____

Faculty's Statement of Recommendation:

Signature: _____

Print Name: _____

Division: _____

***This form should be returned directly to the Office of Student Life at the Rome Campus by Monday, February 22.**