



Conference Funding Form

Date _____

Name _____

Campus Address _____

Phone Number _____ E-mail _____

Conference you wish to attend: (please include name, date, location)

Why do you wish to attend this conference?

Expenses

Conference Registration:\$ _____

Lodging:\$ _____

Travel:\$ _____

Food:\$ _____

Income

I will be receiving funding from: _____

Amount of funding:\$ _____ Contact name: _____

I can reasonably afford to spend:\$ _____

Amount of Request from Hillel(*maximum amount \$100*):\$ _____

Please note: Funding from Hillel is given by reimbursement only upon submission of receipts after the conference. Send your receipts (totaling at least the amount of funding) to the office manager, St. Louis Hillel, 6300 Forsyth Blvd, St. Louis, MO 63105 or Campus Box 7461. Please allow up to 3 weeks for processing your reimbursement.

Please tell us any extenuating circumstances that may exist in your financial situation on a separate sheet, or contact Denise Koester denise@stlouishillel.org or 935-9038.

Student Signature _____

Turn your request in to:

Denise Koester, Office Manager
St. Louis Hillel, 6300 Forsyth Blvd, St. Louis, MO 63105
or Campus Box 7461

For Office use only: Amount granted: _____ Initials _____

Additional Comments: _____