



SEATTLE MODEL UNITED NATIONS

FINANCIAL AID REQUEST FORM

STUDENT INFORMATION

Name of Delegate (Last, First)

Date

School

Grade

Primary phone number | Home Phone number

Email address

How much financial assistance is needed?

FULL CONFERENCE FEE
 75%

50%
 25%

For Delegate: Please briefly describe the reasons for your financial aid request.

For Club Advisor: Please verify that the need for this delegate's financial aid request is genuine.

CERTIFICATION STATEMENT

This is to certify that the information submitted above is true and correct. I understand that any changes in plans for conference attendance may result in the reduction or elimination of financial aid eligibility. I authorize my full conference fee to be paid by financial aid funds.

Club Advisor Signature

Date

Student Signature

Date

For Administrative Use Only:

PACMUN USG of Finance Signature

Date