## **Student Information**

Name of Delegate (First, Last)		Date
School		
Primary phone number   Home phone number		Email address
How much financial ass	sistance is needed?	
□Full Conference F	ee 🗆 5	0%
□75%	□2.	5%
For Delegate: Please brie	efly describe the reasons for your fi	nancial aid request.
genuine. If you are an inde out this section.	pendent delegate, please have you	ur parent or legal guardian fill
Certification Statement	<u> </u>	
<del>-</del>	formation submitted above is true for conference attendance may re d eligibility.	
Club Advisor (or Parent/Legal Guardian if Independent) Signature		Date
Student Signature		 Date
For Administrative Use Only:		
[ ] approved for \$ in aid [ ] not approved for aid	PACMUN Secretary-General Signature	 Date