



**AMERICAN SOCIETY OF SAFETY PROFESSIONALS**

Central Indiana Chapter

Protecting People, Property and the Environment Since 1911.

**Student Finance Request Form**

The CI-ASSP Chapter is dedicated to protecting people, property and the environment. We strive to meet member needs for training and development, networking, and community. We believe safety students and new safety professionals provide a pipeline to the future. To assist such persons, the CI-ASSP offers training and professional development cost assistance. Approved requests will be aligned with the Central Indiana ASSP Chapter’s values and philosophies.

To be considered for financial assistance pertaining to professional development and training, this form must be completed in its entirety and submitted to [centralindianaasse@gmail.com](mailto:centralindianaasse@gmail.com). If any of the listed information doesn’t apply, please indicate as “N/A” for “Not-Applicable” as opposed to leaving blank.

**CI-ASSP Financial Limitations / Qualifications:**

1. Requests will only be approved for up to 10% of student section membership per event.
2. A “per student” maximum amount is \$200.00 per event.
  - a. Receipts must be submitted for any requested reimbursements.
3. Must be a National ASSP Chapter Member or National Student Member in good standing.
4. Must have attended at least two Student Section or Central Indiana Chapter Meetings.

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Individual or Group Request:  Individual  Group

Name of Person Requesting Financial Assistance: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Board Position (if applicable):  President  V.P.  Secretary  Treasurer  
 Other \_\_\_\_\_

College Year (if applicable):  Freshman  Sophomore  Junior  Senior  Grad

Total Projected Cost: \$ \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Requested Approval Date: \_\_\_\_\_

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- What is the specific reason the CI-ASSP should consider your request? \_\_\_\_\_  
 \_\_\_\_\_
- GROUP REQUESTS: Please list any other financial assistance resources available or previously approved: \_\_\_\_\_  
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- INDIVIDUAL REQUESTS: Please list any personal resources, if any, will be utilized towards the total cost: \_\_\_\_\_  
 \_\_\_\_\_

Section Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

1. CI-ASSP will not send cash or check prior to attending an event.
2. Mileage is not reimbursable – gas receipts only. CI-ASSP prefers carpooling during student travel
3. Student Member must submit form to Section Advisor for initial approval. Section Advisor will submit form to CI-ASSP board for review.
4. Requests must be made to CI-ASSP board a minimum of 30 days prior to event. Late entries will not be considered.

**EXECUTIVE BOARD USE ONLY:**

Board Approval:  YES  NO Approval Date: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_