SHINE Funding Request

SHINE Instructor Name		Date of SHINE Request
Campus Address		
Telephone	E-Mail	
Course Name	Course ID	CRN
Scheduled Class Time(s)		Term
Event Title		Event Date
$ Amount of SHINE Funding Request	$ Total Cost of Program	

- Besides your class, who is your targeted audience?
- How many students do you expect to attend?
- Have you made funding requests from other sources? If yes, from what source(s)?
- Have you already received funds from other sources? If yes, from what source(s)?
- Would you like ASPCC to help you make posters and/or flyers? If yes, contact the ASPCC Communications office at 503-977-4925.

  ☐ Yes ☐ No

SHINE Request Payee's Name		Banner Code
Address		
Telephone	E-Mail	

Does Portland Community College Accounting Department have a W-9 on file? If no, please request and complete a form from ASPCC for payee's signature.

☐ Yes ☐ No

SYLVANIA - ASSOCIATED STUDENTS of PORTLAND COMMUNITY COLLEGE
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