Use of this fund is subject to the following limitations:

1. All requests must have departmental sponsorship, i.e. departmental commitment to promote student attendance at lecture.
2. Applications for Multicultural Lectureship funds may come only after the applicant’s departmental funds are spent or allocated.
3. Funding priority is given to those who have not requested funding the previous year.
4. All departments are responsible for arranging sponsorship (if any), honorarium, publicity, travel and accommodations, meals, refreshments at event, etc.
5. The maximum amount of lectureship funds awarded any department in a given year is $750.00.
6. All receipts for the event should be sent to Razel Jones, Administrative Assistant, Multicultural Affairs, no later than 30 days after the event.

Applications must be submitted to the Dean for Multicultural Affairs no later than 60 days prior to an event

Department: _____________________________  Ext: _____________________________  Email: _____________________________

Speaker Name: _____________________________  (please attach copy of resume/vita or send by email)

Title/Purpose of Lecture (attach if more room needed)

Lecture Date(s): _____________________________  Time(s): _____________________________  Location: _____________________________

Target Audience/Publicity Plan: _____________________________

Anticipated Expenses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honorarium</td>
<td>$______</td>
</tr>
<tr>
<td>Travel</td>
<td>$______</td>
</tr>
<tr>
<td>Lodging</td>
<td>$______</td>
</tr>
<tr>
<td>Meals</td>
<td>$______</td>
</tr>
<tr>
<td>Refreshments</td>
<td>$______</td>
</tr>
<tr>
<td>Publicity</td>
<td>$______</td>
</tr>
<tr>
<td>Other</td>
<td>$______</td>
</tr>
</tbody>
</table>

Total Anticipated Expenses: $__________

Departmental Funds available for this speaker: _____________________________  Dept. Account #: _____________________________

Amount requested from Multicultural Lectureship: _____________________________

Applicant’s signature: _____________________________  Date: _____________________________

Department Chair signature: _____________________________  Date: _____________________________

(Indicating full departmental sponsorship)

Date Request Received: _____________________________

☐ Request APPROVED up to $______________________  ☐ Request NOT APPROVED

Michelle Loyd-Paige, Interim Dean for Multicultural Affairs  Date: _____________________________

http://www.calvin.edu/academic/multicultural/ml_app.pdf