



SNU Storm Fund

Request of Funds Application

Managed by the Career Services and Student Employment Office, 6729 NW 39th Expressway; p: 405.717.6226; f: 405.491.6378; cpeterso@snu.edu

Department Information:

Name of Department:			
Name of Person Completing this Fund Request Application:			
Phone (Office):			
E-mail Address:			
Previous Year Information:		Upcoming Year Information:	
Number of Student Workers Hired During the Previous School Year:		Number of Anticipated Student Workers You Will Hire During the Upcoming School Year (Without the Use of Storm Funds):	
Number of Hours your Department Hired Student Workers During the Previous School Year:		Number of Hours your Department Is Likely to Hire Student Workers During the Current School Year (Without the Use of the Storm Funds):	
Amount of Money Spent in the Previous Year on Student Employees:		Number of Hours your Department Is Likely to Hire Student Workers During the Current School Year (If Awarded Storm Funds):	
Total Number of F.T.E. (Full Time Equivalent) Employees Working in Your Department:			
Type of Work the Storm Fund Student Employees Would be Doing?			
Who Will Be Providing Direct Oversight of Storm Fund Student Employees?			
Signature of Applicant:			
Signature of Administrator or Department Chair			
Date:			