



# Minnesota PRSA

## Fellows Fund Request Form

The Minnesota PRSA Fellows Fund is a new resource initiated by Minnesota members of the PRSA College of Fellows. The fund helps defray the registration costs for PRSSA members who wish to attend Minnesota PRSA programs or events. Students can request up to \$40 per calendar year by submitting this request form to the Student Relations committee.

To use the Fellows Fund, please submit this form *at least **qpg week prior*** to the registration deadline for the requested event or program. A member of the PRSA Student Relations committee will notify you via email if your request has been approved. After you receive the confirmation email, you will be able to register for the event. *PRSSA members can't request up to \$40 per calendar year. The amount cannot exceed the registration fee.*

|                |  |                 |  |
|----------------|--|-----------------|--|
| <b>Name:</b>   |  |                 |  |
| <b>School:</b> |  |                 |  |
| <b>Phone:</b>  |  | <b>Address:</b> |  |
| <b>City:</b>   |  | <b>State:</b>   |  |
| <b>Zip:</b>    |  | <b>Email:</b>   |  |

I would like to request \$\_\_\_\_\_ (up to \$40) to fund registration fees at the following Minnesota PRSA program or event:

- |   |  |
|---|--|
| <input type="checkbox"/> Minnesota PRSA Skills Seminar          | <input type="checkbox"/> Student Classics registration |
| <input type="checkbox"/> Minnesota PRSA Classics Awards Banquet | <input type="checkbox"/> Pro-Am Day registration       |
| <input type="checkbox"/> Minnesota PRSA monthly meeting         | <input type="checkbox"/> Other (please specify) _____  |

Reason for attending this program or event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                               |  |                            |  |
|-------------------------------|--|----------------------------|--|
| <b>Registration Deadline:</b> |  | <b>Program/Event Date:</b> |  |
| <b>Registration Fee:</b>      |  | <b>Location:</b>           |  |

Please email the completed form to:

Becca Bijoch  
 Becca@lolaredpr.com

|                         |  |  |  |
|-------------------------|--|--|--|
| <b>Voucher Issued:</b>  |  |  |  |
| <b>Notify Approval:</b> |  |  |  |