

State College of Florida

Event Rental Fee Waiver Request Form

1. Applicant Information

Organization Name: _____

Contact Person: _____

Title/Position: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

2. Event Information

Event Title: _____

Event Date(s)

If multiple dates are requested, please enter each date and meeting time:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Event Location(s) Requested: _____

Estimated Attendance: _____

SCF Departments Involved (if any): _____

3. Description of Event

Please provide a complete description of the event(s) and activities taking place:

4. Direct Student Benefit

How does this event and its use of SCF facilities provide a direct benefit to our students?

(Be specific. Include educational value, professional development, networking, mentorship, wellness, engagement, or cultural enrichment.)

5. Student Involvement

Expected number of SCF students participating/attending: _____

Will SCF students help plan, organize, present or attend the event(s)? _____ Yes _____ No

If yes, please describe:

6. Supporting Documentation

Please provide any supporting documentation. This could include but are not limited to: letters of support from SCF students or SCF faculty/staff; past scholarship winners that attended SCF; flyers, promotional materials etc.

7. Acknowledgments

By signing below, I acknowledge and understand the following:

- This request must be reviewed and approved by the President of SCF.
- Fee waivers apply only to facility rental fees. All other event-related costs remain my organization's responsibility.
- Events that primarily serve non-student audiences or promote commercial, political, or religious agendas without direct and demonstrable student benefit are not eligible.
- Only one waiver may be granted per fiscal year.

Signature: _____

Date: _____