

Application for Waived Facility Usage Fees

Organization N	Name:						
Type of Organ	ization:						
Non-Profit (att	ach IRS E	Determinat	ion Letter o	EIN)	Educatio	onal Institution	
Governmental	Agency		Community	Service Or	ganization		
Contact Person:							
Title:							
Phone: Work/Cell							
Email:							
Please describe how your organization's event supports or benefits the community and aligns with Shawnee Community College's Mission, Vision, or Values:							
Acknowledgement I understand that approval of a fee waiver does not exempt my organization from additional charges such as custodial, security, of A.V technician fees when applicable. I certify that the above information is accurate and complete.							
Signature				Date			
For SCC Use Onl	ly:						
Reviewed By: Decision: App	roved	□ Der	ied	Date			

VP of Administrative Services (or Designee)/Notes/Conditions