

Fill out the form below and Please Print Clearly

University Information

NAME/ORGANIZATION: _____
ORGANIZATION PRESIDENT: _____
ORGANIZATION ADVISOR: _____
ORGANIZATION ACCOUNTNUMBER: _____
ORGANIZATION CONTACT NUMBER: _____
UNIVERSITY RECOGNIZED ORGANIZATION: YES NO

Fund Request Information

FUND REQUEST TYPE: DONATION SPECIAL NEED
FUND AMOUNT REQUESTED: \$ _____
EVENT TITLE/PUPROSE OF REQUEST: _____
WERE ANY PREVIOUS FUNDS RAISED: _____ IF SO, AMOUNT _____
DATE NEEDED: _____
EVENT/PURPOSE DESCRIPTION: _____

WILL ORGANIZATION GENEREATE REVENUE FROM EVENT: YES NO
WILL SGA GENERATE REVENUE FROM EVENT: YES NO
WILL FUND REQUEST BENEFIT STUDENT BODY: YES NO
IF SO, HOW: _____

*I AM POSITIVE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE STATED
INFORMATION IS ACCURATE:*

Name/Organization President

Organization Advisor Only(Organization Only)

OFFICE USE ONLY

Date Received: _____
SENATE PASSED _____ AMOUNT: _____ SENATE CHAIR SIGNATURE: _____
SENATE FAILED _____ TREASURER SIGNATURE: _____
PRESIDENT VETO: YES NO PRESIDENT SIGNATURE: _____