

Student Organization Program Proposal for Funding

Name of Organization: _____ # of members: _____

Contact Person's Name: _____ Phone #: _____

Name of Event: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____ Space Confirmed: Yes No

Name of Advisor/Staff to be present at program: _____

Please state the purpose of the proposed program and how it will benefit this organization and other students, please go into as much detail as possible(extra space on back):

Total Amount Requested: _____

Please include with this form, a detailed itemized budget for this event. For example, you may include a printout of an online shopping cart from Walmart.com, etc.

All forms must be submitted to CSI three weeks in advance to the program's date.

To qualify for funding, your organization must be recognized through the Center for Student Involvement. Your organization must also be represented at KOR meetings. Absence from two consecutive open meetings makes your organization ineligible to receive funding until your organization is in good standing by attending the next KOR open meeting.

President's Signature _____ Date _____

Advisor's Signature _____ Date _____

FOR CSI & KOR USE ONLY:

CSI Approved Date: _____ By: _____

KOR Date Review: _____ Amount Approved: _____ Approval initials: _____

Extra Space for Explanation:
