**STUDENT SENATE**

**FUND REQUEST FORM**



Name of Organization: 

Main Contact Person: 

Main Contact Phone: Main Contact Email: 

Program Title: 

Date: Time: Location: 

Amount Requested: 

Co-Sponsoring Groups (if any): 

Has your organization planned this program during previous semesters? Yes No

Description of Proposed Program or Activity:











Objectives of the Program:

1.

2.

3.

Who is your targeted audience?



How do you plan to publicize your event?



Do you have funding or donations from another source for this program?

1. $$$
2. $$$

**This request must be submitted to the Treasurer prior to the Budget Committee meeting that precedes the Student Senate meeting during which you wish for it to be presented. Expect a minimum of three days for processing upon approval.**