Student Organization Allocation Request Form

Funds Requested For: (circle one)  Fall  Spring  _______ Year

Name of Organization: _______________________________________________

Student Spokesperson for this Request: _______________________________

Best Time to Reach Spokesperson: ___________________________________

Spokesperson Telephone Number: _____________________________________

Organization Advisor: ______________________________________________

Advisor Contact Information: _________________________________________

Current Number of Active Members: _________________________________

Sources of Supplemental Funding for Program/Activity: __________________

_______________________________________________________________

Amount of Funds Being Requested: _________________________________

Describe in Detail Purpose of Funding - Use additional sheets if necessary.
(Attach supporting documents i.e. contracts, promo sheets, etc.)

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

For SOAC Use Only

Hearing Date: __________  Hearing Attended By: _________________________

Amount Requested: _________  Amount Allocated: __________

Organizations whose requests are not approved or the requested amount is reduced, will be given a written statement outlining the reasons for reduction or non-approval of funds.