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: _______________________________
                                                                 Ext.  Office Number

Current Number of Active Members: _________________________

Sources of Supplemental Funding for Program/Activity: __________

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Amount of Funds Requested: ________________________________

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

Any Organization receiving funds from the Student Government must submit a completed Student Organization Event Evaluation Form after completion of the funded event.

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.