

Office of Student Life
FUNDING SUPPORT APPLICATION

Program Seeking Funding From:

<input type="checkbox"/> GENERAL STUDENT LIFE
<input type="checkbox"/> DIVERSITY PROGRAMS
<input type="checkbox"/> NON-TRADITIONAL STUDENT PROGRAM
<input type="checkbox"/> SUBSTANCE ABUSE OR SEXUAL ASSAULT PREVENTION
<input type="checkbox"/> LESBIAN, GAY, BISEXUAL, AND TRANSGENDER EDUCATIONAL AND SUPPORT SERVICES

Amount Requested: \$ _____ (typical co-sponsorships are \$100-200)

Applicant Group:

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Index Information (For ASUO recognized student groups this is the same as your Index Code):

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Program Code (Required of ASUO recognized student groups only):

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Contact Person:

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Telephone #:

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Email Address:

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Program/Project Title:

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Program Date(s):

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Administrative/faculty advisor: (if applicable)

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Advisor's Telephone # or Email Address:

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Objectives of Program: (how will this relate to student issues)

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Program Summary:

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Budget: (provide a detailed list of all expenses; indicated if actual or estimated)

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TOTAL EXPENSES:

\$

List other resources and amounts of support: (actual or requested)

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FOR ADMINISTRATION ONLY-

Amount Requested: _____

Amount Approved: _____

Date: _____

Approved By: _____