

College of the Siskiyous Associated Student Board Application/Funding Request

Date of Request: _____ Date Received by ASB: _____

Group/Club Name: _____

Name of the proposed activity: _____

Date, Time and Location of the activity: _____

Identify the intended audience. *(If traveling, list the names of all students)*

Group Advisor: _____

Event coordinator's name: _____

Event coordinator's phone number: _____

Event coordinator's email: _____

1) Provide a detailed description of the project for which you are requesting funding (attach flyers, brochures, agendas, information on time and place, as appropriate).

2) Describe the impact and end results this request will have.
If funding is requested under the Student Rep Fee Guidelines, describe the intent based on Education Code Section 76060.5 as described in Section I.

3) List any campus organizations, statewide organizations, student groups who will also be involved in this activity.

4) List a detailed budget for all costs to be considered for funding.

Supplies \$ _____

Travel \$ _____

Lodging \$ _____

Food \$ _____

Rental \$ _____

Other \$ _____ Specify: _____

Total \$ _____

5) List other sources of funding you plan to use to support the project.

6) If the request involves travel, please complete and attach the current District approved Travel Request form.

Project Approval:

Advisor

As the advisor for this project, I am aware of and understand all of the guidelines and I accept the responsibility to assist the student(s) in the successful completion of this request.

Name (print) _____

Title (print) _____

Signature _____

Student(s)

As the student(s) submitting this project funding request, I (we) am (are) aware of and understand all of the guidelines and accept ultimate responsibility to complete this request within all of the policies and procedures of the COS ASB and Siskiyou Joint Community College District. I (we) understand that if I (we) do not attend or do not otherwise meet the requirements of the Student Fee funding proposal, the ASB requirements, and attendance agreement, I (we) will be held financially responsible to reimburse the Student Fee for the costs incurred.

Name (print) _____

Signature _____

Name (print) _____

Signature _____

Name (print) _____

Signature _____

Request Approved by ASB Senators? _____

Request Approved by ASB Advisor? _____

Date of Action: _____

If Approved, Amount or Percentage Given: _____