



## STUDENT ORGANIZATION ASSISTANCE APPLICATION

Registered student organizations are eligible for assistance for operations, travel, and programs. Please complete this application and submit it to the Office of Student Life at least 10 business days prior to the date needed.

### Section I

Name of Organization: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Advisor(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date needed: \_\_\_\_\_

Assistance Requesting: (please check one type of assistance only)

- Operational Assistance (supplies, national/regional dues, etc)
- Student Travel Assistance (travel to conferences, workshops, etc)
- Program Assistance (events, programs, etc)

Description of assistance needed:

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### Section II: Travel

Name of Conference/Destination: \_\_\_\_\_

Dates of travel: \_\_\_\_\_ to \_\_\_\_\_ Total # of students attending: \_\_\_\_\_

Will your advisor be attending? \_\_\_\_ yes \_\_\_\_ no



Please list the total costs associated with the travel:

Registration           \$ \_\_\_\_\_  
Lodging                \$ \_\_\_\_\_  
Transportation       \$ \_\_\_\_\_  
Mileage               \$ \_\_\_\_\_ (please use mapquest; multiply times 42 cents)  
Subtotal               \$ \_\_\_\_\_  
  
TOTAL                  \$ \_\_\_\_\_ (include any expenses not listed above)

Of this amount, how much will your group contribute? \$ \_\_\_\_\_

Of this amount, how much are you seeking from Student Life? \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of organization member requesting funds

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of advisor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amt** \_\_\_\_\_