**Fund Request Form**

N

Date of Proposal:

Requested By: (Last Name) (First Name)

Phone#:

Requestor’s Email:

Are you a: Student Representative Faculty Staff Student Staff

Department:

Total Amount Being Requested ($):

Purpose: Event Conference Others:

Event or Program/Conference/Equipment Title:

Date: Location:

1. Summary of the item, program or service proposed:

1. Please describe any efforts to obtain funding outside of ASEDCC student government
2. The estimated number of students that will benefit from this proposal:
3. Please describe how your program will benefit students:

 5. Please provide a complete breakdown of cost:

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| --- | --- | --- |
| Quantity | Item/Description | Cost |
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 **Total $:**

 6. Please attach any other relevant documents and materials to this form.

Use additional sheets of paper if needed to answer questions or to provide supplemental information

PLEASE RETURN FORM(S) TO THE ASEDCC STUDENT GOVERNMENT IN CENTER FOR STUDENT ENGAGEMENT AND LEADERSHIP, BRIER TRITON STUDENT CENTER ROOM 252 OR SEND AN EMAIL TO asedcc\_assistant@email.edcc.edu.

PLEASE RETURN FORMS 5 DAYS PRIOR TO THE SCHEDULED MEETING TO RECEIVE CONSIDERATION.

MAKE SURE TO KEEP A COPY FOR YOURSELF. THANK YOU!

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| **OFFICE USE ONLY**ACTION TAKEN: |
| NOTES: |