



Student Association Funding Request Form

INSTRUCTIONS

- Download this PDF and save it to your computer. The Program Adobe Reader will allow you to open, fill in, save, and print this form.
- If you fill out this form by hand, **please print** (rather than using cursive) to ensure that it is legible.
- Please do not leave anything blank on this form.
- Have your advisor sign this form **before it is submitted**.
- This form must be submitted **at least three weeks** before the event.
- This form should be submitted to the Student Life Office.

VALUES AND PRIORITIES OF THE STUDENT SENATE EXECUTIVE BOARD

- Prioritize first time requests from Student Associations.
- Prioritize joint applications from multiple Student Associations.
- Evaluate the funding request based on the feasibility and logistics of the event, not merely the event's content.
- Ensure funding equity to all associations.

FUNDING LIMITATIONS

- You cannot request funds to purchase alcohol for an event.
- You cannot request funds to donate to a nonprofit or charity.
- You cannot request funds to donate to a scholarship.
- You cannot request funds to purchase a gift for an individual or group.
- You cannot request funds to purchase gift cards.
- You cannot request funds to pay for travel for a single student to attend a conference.

PART I: Contact Information

<i>All fields are required</i>	
Student Association	
First Name	
Last Name	
Email	
Phone Number	

PART II: Request Proposal

<i>All fields are required</i>	
Event/Program Title	
Description (Attach description of what the funds will be used for. Use additional paper if you need more space)	
Proposed Date & Time	
Proposed Location	

<i>All fields are required</i>	
Total Amount Requested	\$
Itemized Budget	
Amount	<i>Please list how funds will be spent</i>
\$	
\$	
\$	
\$	
\$	

\$	
\$	
\$	
\$	
Technical Requirements	Check all of the following you will need for event
Tables	<input type="checkbox"/> YES <input type="checkbox"/> NO Quantity: _____
Chairs	<input type="checkbox"/> YES <input type="checkbox"/> NO Quantity: _____
Internet Access	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sound System	<input type="checkbox"/> YES <input type="checkbox"/> NO
Microphones	<input type="checkbox"/> YES <input type="checkbox"/> NO Quantity: _____
Projector	<input type="checkbox"/> YES <input type="checkbox"/> NO
Laptop	<input type="checkbox"/> YES <input type="checkbox"/> NO
Printed Materials (flyers)	<input type="checkbox"/> YES <input type="checkbox"/> NO Quantity: _____
Other:	

Print Name	Date	Signature

Advisor Name	Date	Signature

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