

Student Organization Program Proposal for Funding

Name of Organization:	# of members:
Contact Person's Name:	Phone #:
Name of Event:	
Date of Event:	Time of Event:
Location of Event:	_ Space Confirmed:
Name of Advisor/Staff to be present at prog	ram:
Please state the purpose of the proposed porganization and other students:	program and how it will benefit this
Total Amount Requested:	ed budget for this event. For example, you
All forms must be submitted to CSI three we	eeks in advance to the program's date.
To qualify for funding, your organization must be Involvement. Your organization must also be repreconsecutive open meetings makes your organization is in good standing by attending the new part of the standing of the stan	sented at KOR meetings. Absence from two ation ineligible to receive funding until your
President's Signature	Date
Advisor's Signature	Date
FOR CSI & KOR USE ONLY: CSI Approved Date: By: _	
KOR Date Review: Amount Approve	d: Approval initials: