

Student Organization Allocation Request Form

Funds Requested For: (circle one) Fall Spring _____
Year

Name of Organization: _____

Student Spokesperson for this Request: _____

Best Time to Reach Spokesperson: _____

Spokesperson Telephone Number: _____

Organization Advisor: _____

Advisor Contact Information: _____
Ext. Office Number

Current Number of Active Members: _____

Sources of Supplemental Funding for Program/Activity: _____

Amount of Funds Being Requested: _____

Describe in Detail Purpose of Funding - Use additional sheets if necessary.
(Attach supporting documents i.e. contracts, promo sheets, etc.)

For SOAC Use Only

Hearing Date: _____ Hearing Attended By: _____

Amount Requested: _____ Amount Allocated: _____

Organizations whose requests are not approved or the requested amount is reduced, will be given a written statement outlining the reasons for reduction or non-approval of funds.