



FUNDING REQUEST FORM

Student's Name: _____ Student ID#: _____

Email Address: _____ Phone #: _____

Name of Event: _____

Date(s) of Event: _____ Location: _____

Organization: _____

Refer to the Student Organization Policy & Procedure Manual for specific funding eligibility information prior to completing this form.

- Event Funding: for non-travel related club/organization events
- Group Travel Funding: for travel related student organization conferences or events
- Individual Travel Funding: for individual travel related expenses to represent the school (poster session, competitor for the College, leadership training, or other travel for school business)

FUNDING INFORMATION

Indicate budget needed \$ _____

Indicate contribution your organization will fund \$ _____

Indicate your contribution (Min. of 25% of cost for individual travel funding) \$ _____

Indicate each member's contribution (Min. of 35% of individual cost for group funding) \$ _____

Indicate funding requested from Student Affairs \$ _____

Indicate funding requested from external source (CVS, Walmart, etc) \$ _____

Please attach a proposal or detailed explanation for the funding request. The request should include members attending, dates, location, conference brochure page, a letter indicating your area competitor, letter of award or poster acknowledgement, airfare or mileage, conference fees, and hotel.

I am a full-time student at California Northstate University College of Pharmacy in good academic, financial and disciplinary standing. I understand that my organization and I will be representing CNUCOP at the event for which the travel funding is requested, and I will represent the school in a positive manner and will maintain a high standard of conduct for the organization during all activities I participate in. I also understand that it is my responsibility to return any funding that I or the members of my organization receive in advance if we are unable to attend the event, or depart from the event earlier than previously stated in this document or as stated in the attached proposal.

_____ Student Signature	_____ Printed Name	_____ Date
_____ Advisor or Signature	_____ Printed Name	_____ Date
_____ Associate Dean's Signature	<u>Cyndi Porter-Fraser</u> Printed Name	_____ Date

**This form must be completed at least 14 days prior to the date of travel.
Please attach this form to the corresponding UniFORM and
submit to Imani Grant or Polly Robertson.**

Student Affairs Use Only:

Date Received: _____ Received by: _____

Status: _____ Incomplete _____ Not approved _____ Approved _____

Date Approved: _____ Approved by: _____ Authorized Funding : \$ _____

Date organization notified of status: _____ Notified by: _____