REQUEST TO RECEIVE
FINANCIAL SUPPORT

Name of organization requesting funds: ____________________________
Name of person requesting funds: ____________________________
Contact information: ____________________________
Date of Request: ____________________________
Date needed: ____________________________

Reason for request:
☐ Clubs Funds
☐ Fundraiser/matching
☐ Event/activity (must attach the programming form)
☐ Equipment
☐ Other (please specify) ____________________________

Amount of Funds Being Requested: ____________________________
☐ ☐

Are you receiving funds from any other organization? Yes ☐ No ☐
If yes where? ____________________________

How will the funds benefit the students of Southwestern Oregon Community College?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Check Box
☐ If funds are for an event; programming form is attached
☐ If funds are for a club; has the club attended Clubs Rush, submitted one activity report, a recognized club (submitted a constitution, roster, and clubs charter each year)
☐ all events or activities state that they have been sponsored by Associated Student Government in all advertising.

For official use only

Date placed before General Meeting: ___________
Number of Yes votes: ___________
Number of No Votes: ___________
Number of Abstentions: ___________
Name of Account to transfer Funds: ___________
Account Number: ___________
Approved ☐ Denied ☐

Name of Treasure: ____________________________
Signature: ____________________________
Date: ____________________________

Signature of Advisor: ____________________________
Date funds Transferred: ____________________________