

Registered Student Organization Fund Raising Application

Date Submitted: _____

Please complete and return to the director of the Bryan Williams, M.D. Student Center. Depending on the event, additional information may be required.

Student Organization: _____

Project Chairman: _____

Phone: _____

Date of Project: _____

Project Description: Please submit a description of your project. Be sure to include the following information.

Event:

Location to be held:

Format:

Expected Cost Associated with Event:

How much do you expect to raise?

Who are you going to solicit or market to?

I have read and understand the policies in the Registered Student Organizations Manual covering Fund Raising.

Signature: _____
Authorized Representative

Approved: _____ **Date:** _____
Suzette Smith, Director – Student Life & Bryan Williams M.D. Student Center