



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.

1. Event Funding – For non-travel related club/organization events

A. Funding information

- Indicate budget needed for the event \$ _____
- Indicate contribution your organization will fund \$ _____
- Indicate funding requested from Student Affairs \$ _____
- Indicate funding requested from external source (CVS, Walmart, etc) \$ _____

B. Please attach a proposal or detailed explanation for the funding request

2. Group Travel Funding – For travel related student organization conferences or events.

A. Funding information

- Indicate budget needed for your organizations travel \$ _____
- Indicate contribution your organization will fund \$ _____
- Indicate each member 's contribution (Min. of 35% of individual cost) \$ _____
- Indicate funding requested from Student Affairs \$ _____
- Indicate funding requested from external source (CVS, Walmart, etc) \$ _____

B. Please attach a proposal or detailed explanation for the funding request. The request should include members attending, dates, location, conference brochure page, airfare or mileage, conference fees, and hotel.

3. 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)

A. Funding information

- Indicate budget needed for your travel \$ _____
- Indicate contribution your organization will fund (if applicable) \$ _____
- Indicate your contribution (Min. of 25% of cost) \$ _____
- Indicate funding requested from Student Affairs \$ _____

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

I am a full-time student at California Northstate College of Pharmacy in good academic, financial and disciplinary standing. I understand that my organization and I will be representing CNCP at the event that the travel funding is requested, and 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

Assistant Dean's Signature Cyndi Porter-Fraser
Printed Name Date

THIS FORM MUST BE COMPLETED AT LEAST 14 DAYS PRIOR TO THE DATE OF TRAVEL

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:** _____