

### Community Development Fund

The Augustana Student Association will use this form to evaluate and allocate funds for student activities.

Please be accurate and complete in filling out this application so that a decision can be reached in a timely manner. The ASA Treasurer will contact you upon review of the request.

This form must be submitted at least two weeks prior to the activity for which funds are requested.

**Organization Name:**

**Your Email Address:**

**Organization Leader:**

**Expense Breakdown:**

**Your Name:**

**Box Number:**

**Amount Requesting From ASA Toward This Total:**

**Phone Number:**

**Summary of the Activity:**

**Date of Activity:**

**Location of Activity:**

**What will Students and the Community Gain from the Activity?**

**Number of Members Participating:**

**Number of Non-Members Participating:**