

Funding Request

Organizational Allocations Committee

INSTRUCTIONS: Please fill out this entire form and **SUBMIT ONE COPY PER EVENT** by the stated deadline: **SPRING 2015 PAPERWORK IS DUE ON WED, FEB 4 2015 BY 5PM AT THE WHITTEN CENTER.**

This worksheet **MUST** accompany all requests. An organization is only eligible for funding if it is an ASWU recognized student organization in GOOD STANDING with the Associated Students of Woodbury University and the Office of Student Development as indicated in the Requirements for Good Standing for Student Organizations. If you have any questions, please contact the ASWU VP of Finance or the VP of Student Organizations at aswu@woodbury.edu.

Name of Organization:	
OAC Representative(s):	
Event Title:	
Event Date and Location:	
Organization Advisor (print/sign):	
TOTAL ORGANIZATION BUDGET: \$	
MANDATORY 15% CONTRIBUTION: - \$	<u></u>
AMOUNT REQUESTING FROM OAC: = \$	
How many Woodbury students are expected to attend this event?	
\square 10 – 25 \square 26 – 50 \square 51 – 75 \square 76 – 100 \square Over 100	
Will you charge admission? □ NO □ YES: how much?	
Has your organization put on this event previously? □ NO □ YES: When (most recently)?	
Will alcohol be served? □ NO □ YES	Whitten Center Time Stamp

FOR ASWU USE ONLY

WOODBURY UNIVERSITY OFFICE OF STUDENT DEVELOPMENT STUDENT ORGANIZATION ACTIVITY INFORMATION FORM

This form is used when a student organization wishes to request funding for events through the ASWU Organization Allocations Committee (OAC). This form must be submitted to the Office of Student Development at least 10 days before the ASWU OAC meets to allocate funds. SPRING 2015 OAC PAPERWORK IS DUE ON WEDNESDAY, FEBRUARY 4, 2015 BY 5PM AT THE WHITTEN STUDENT CENTER. This form, signed by the Office of Student Development indicating that the event has been authorized for ASWU OAC funding, must accompanying all requests to the ASWU OAC. If you have further questions, please contact the Office of Student Development at 818.252.5257 or the VP of Finance or the VP of Student Organizations at 818.252.5255.

Name of Student Organization:		
Name of Event:	Exact Event Date:	
Name of Event Chair:		
Name of President:		
Brief Description of Event (include type, date, location and other pe	ertinent information):	
Office of Student Development Use Only: Event Authorized for ASWU OAC Funding Purposes Only: YES	□ NO □ CONDITIONAL (see below)	
Concerns:		
Staff Name Printed:	Cc: Student Development	
Signature:	Date:	