

CENTER FOR MULTICULTURAL EDUCATION

APPLICATION TO THE STUDENT SUPPORT FUND (SSF)

The Center for Multicultural Education's *Student Support Fund*, established in Fall 1999 is designed to help students sponsor events that are intended to heighten cultural awareness and to foster a diverse and pluralistic campus community. **Please be sure to complete BOTH sides of this form.**

Policies

- *Must turn in receipts within two weeks after completion of event for reimbursement.*
- *Groups can only be awarded twice per semester.*
- *Amount borrowed cannot exceed \$300.00 per application.*
- *Must fill out all budget information (backside).*
- *Acknowledgment of the CME as a sponsor must appear on all publicity.*
- *Groups are responsible for all paperwork and arrangements related to their event. The CME handles only financial transactions related to our sponsorship portion of the event.*
- *Groups are expected to stay within their proposed budget as closely as possible.*

PLEASE PRINT

Requests from the SSF *must* include a detailed account of all the potential sources that are anticipated to pay for the event. Please indicate the amount of the request for this event and how it is expected to be applied (back). Round figures to the nearest dollar.

By signing, I agree to the above conditions & requirements related to this funding. **I realize that if our student group does not abide by the above we jeopardize our eligibility for further funding.**

Requester's Name (Print) _____

Requester's Signature: _____

Today's Date: _____

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Approval: _____ Disapproval: _____

Comments:

Assistant Director's Signature: _____

Date: _____

CENTER FOR MULTICULTURAL EDUCATION APPLICATION TO THE STUDENT SUPPORT FUND (SSF)

PLEASE PRINT

Organizational Affiliation: _____ Date(s) of events: _____

Requester's Name & campus/Local Address: _____

Telephone No: _____ E-Mail Address: _____

Advisor's Name (PRINT): _____

Advisor's Email: _____

Below, please give a description of the event and its relevance to the purpose of this fund. Please also include how students are involved or benefited by your event.

Amount requested from CME: \$ _____ .00

Travel Total: \$ _____ .00

Other Sources of Funding

(Personal): \$ _____ .00 (Airfare): \$ _____ .00 (Rental): \$ _____ .00

Name: _____ Amount: \$ _____ .00

Lodging Total: \$ _____ .00

Name: _____ Amount: \$ _____ .00

(Hotel Name): _____

Name: _____ Amount: \$ _____ .00

Nights: _____ (Cost Per Night): \$ _____ .00

Requests for assistance must be accompanied by an itemized budget on the type of event in addition to this application form.

Publicity Total: \$ _____ .00

(Fliers): \$ _____ .00 (Poster): \$ _____ .00

Honorarium: \$ _____ .00

(Speaker Name): _____

Other (specify) _____ \$ _____ .00

Requester's Name (Print): _____

Requester's Signature: _____