

Faculty Associates
Request for Funding

Program Information

Title of Program _____
Person Submitting form _____
Date / Location of program _____
Purpose of program (must conform to the mission/purpose of Faculty Associates to bring students together with faculty) _____

Program Participants (Please provide anticipated numbers)

Students	Faculty / Staff (names please)
First Year _____	_____
Sophomores _____	_____
Other _____	_____
Total Students _____	Total Faculty / Staff _____

Program Funding

Program Costs (food, copies, etc.)		Source of funding (be specific)	
Item Description	Amount		Amount
		Academic Staff	
		Departmental budget	_____
_____	_____	Club organization budget	_____
_____	_____	Out of pocket	_____
_____	_____	Other sources	_____
Total Costs	_____	Amount requested from Faculty Associates	_____
		Total Funds	_____

Please include how funds are to be disbursed (receipts are required)

Check Payable to _____
Check sent to _____
Transfer to Dept _____
Budget Acct # _____

Requests must be submitted no later than three weeks before the scheduled program. The person named above will be contacted within ten days of the receipt of this request. Please indicate when this request was submitted _____.