



## Proposal Request for ASCOM Funding

Return this form to the office of Student Activities and Advocacy, Student Services Bldg, Rm 247

Organization/Club name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dollar amount being requested: \_\_\_\_\_ Email: \_\_\_\_\_

1. Describe the purpose of the fundraising request. What will it accomplish?
2. If funds are for an event, list the location, date and time (be specific):
3. How will the event be publicized (be specific)?
4. List all other community and campus groups, organizations or departments that will be involved in the event and the nature of their involvement:
5. What will the funding be used for? Be specific and attach a **detailed budget**.

**Please note:**

**We cannot fund gift cards or raffle items.**