

Date received _____

APPLICATION FOR STUDENT ACTIVITY FEE FUNDS

Spring 2012

January 1, 2012 – May 5, 2012

This application **must be TYPED, on single sided pages**, and all sections completed thoroughly. Failure to follow these directions in their entirety is sufficient grounds to reject an application. The original typed and signed first page of the application must be returned along with **ONE (1) copy** of all remaining pages of the application. The application should be downloaded (PDF format) by following this link: <http://www.mtsu.edu/~camporgs> Funds are allocated on a reimbursement basis only.

1. Complete Name of Organization (no initials) _____

2. President's Name: _____ 3. Phone: _____ 4. Org. Campus Box: _____

5. Advisor's Name: _____ 6. Phone: _____ 7. Campus Box: _____

8. Does your organization have a University/Department account? Yes No (Circle one)

If YES, what is that account number _____

9. Does your organization have an off-campus checking account? Yes No (Circle one)

10. Organization/President Email Address: _____

Please note that allocations will be based upon the following priorities. Please refer to the guidelines included on this disk for additional information concerning student activity fee allocation procedures:

- a. Established programs that are institutionally supported and recognized. These are generally collaborative programs sponsored by student organizations and University departments designed to benefit the campus community.
- b. A program and/or project which is educational in nature and is open and intended to be of service to the entire campus community.
- c. Travel for competitions against students and/or teams from other colleges and universities; and student presentations at national conferences.
- d. Non-educational programs or projects that are available to the entire campus community.
- e. A comprehensive program and/or project that provides both educational and/or academic experiences designed to benefit the members of the sponsoring organization and/or National/regional conference to benefit the membership of the organization only.

10. **TOTAL NUMBER OF DIFFERENT REQUESTS SUBMITTED:** _____

11. **TOTAL AMOUNT OF ACTIVITY FEE FUNDING REQUESTED:** \$ _____

12. President's Signature (Required): _____ Date _____

13. Advisor's Signature (Required): _____ Date _____

Attach a separate **Activity Fee Request Form** for each different "**Purpose of Request**" identified on the form. The request must be typed and specific. The request **MUST** be on the form provided and in the appropriate format. **DEADLINE:** Return **One copy of all pages submitted** to KUC 326-S BY 4:30 P.M., Friday, December 2, 2011. Applications returned without the appropriate signatures will not be accepted. For questions regarding activity fee requests please contact 898-5812, or visit our office in KUC 326-S.

ACTIVITY FEE REQUEST FORM

This application **must be TYPED, on single sided pages**, and all sections completed thoroughly. Use this itemized form for each different request for funds. Funds may be requested in multiple categories, but they must be related to the "Purpose of Request" indicated below. The categories included below are the most commonly requested items, but this is not an inclusive list. Refer to the guidelines on the Student Organization web page for other categories of funding and specific allocation procedures. **ONE copy** of each request form must be submitted prior to the deadline. Funds are allocated as reimbursements only.

Complete name of organization (no initials): _____

Purpose of Request (Be specific.) _____

Is this activity co-sponsored with another organization or University department? Yes No (Circle one)

If YES, what organization/department _____

CATEGORIES (Place the total amount requested for each category in the space provided.)

Equipment Purchase: _____ \$

Equipment/Facility Rental: _____ \$

Production Costs: _____ \$

Honorarium/Performance Fee: _____ \$

Advertising/Promotion: _____ \$

Food: _____ \$

Supplies: _____ \$

Postage for off-campus mailings: _____ \$

Travel:

Registration fees (Number of delegates x Registration fee\$) = _____ \$

Lodging (Number of rooms x Room rate\$ x Number of nights) = _____ \$

Transportation: (Indicate type) = _____ \$

Other: _____ \$

Total Requested: _____ \$

Provide a **complete and detailed** description for each request. You **must** provide a justification for the request, date, location, description of who will benefit from the activity, program, conference, etc. Use the space below for your justification. If necessary, include only one additional page. You must include information about other funding sources and indicate whether the program is a fundraiser for the organization.