

National Women's History Month Event Proposal Form

Please save to your computer, complete, print, and email as attachment to jacwns@mtsu.edu, campus mail to June Anderson Center for Women & Nontraditional Students, Box 295, or bring to KUC 320.

Event Title/Type: _____

Submitted By: _____

Phone: _____

Email: _____

Campus Box: _____

Scheduled Event Date/Time: _____

Location: _____

Speaker(s) (as relevant): _____

Speaker's Biography (compose or cut and paste below or list URL/s):

Describe the Proposed Event and its Relevance to the [NWHM Mission Statement](#):

Describe Target/Likely Audience:

Estimated Overall Cost: \$ _____

Funding Sources (indicate all that apply)

Amount Requested from NWHM Committee: \$ _____

Amount Requested from University sources (i.e., Department, Program, Committee):

Source 1: _____ \$ _____

Source 2: _____ \$ _____

Source 3: _____ \$ _____

Amount Anticipated from Non-University Sources:

Source 1: _____ \$ _____

Source 2: _____ \$ _____

Source 3: _____ \$ _____