

**Campus Union**

**Application for Student Activities Funds**

Please complete this form and email it to Campus Union Treasurer Matthew Shouse at cutreasurer@wofford.edu.

1. **Name of Organization:**
2. **Amount of Funds Requested (up to $300):**
3. **Contact Person Completing this application:**
4. **Contact Email:**
5. **Contact Cell Phone Number:**
6. **Officers and advisor:**
7. **Purpose/goals for activity/activities requiring funding:**
8. **Date of proposed activity/activities:**
9. **What date are the funds needed?**
10. **For what programs/events/services/purposes are these funds to be used?**
11. **Top priority for funding/what are you hoping to accomplish?**
12. **Has your organization received funding from Campus Union it the past? If yes, please specify amount allocated and how it was spent:**
13. **Please give a breakdown of the expected budget for the upcoming event.**

**Events**

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| --- | --- | --- | --- | --- |
| Event | Price of Materials | Expected Attendance | Total Cost | Purpose of Event or Program |
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**\*If you have any questions while filling out the application please contact Matthew Shouse at cutreasurer@wofford.edu for further explanation.**

Please feel free to add any further notes below.