



**ASI APPLICATION FOR FUNDING (AF)**  
**Entire Form must be complete before being considered**

**Student Organization Name:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

**Location (Building/Room):** \_\_\_\_\_ **Event Time:** \_\_\_\_\_

**Organization/Officer:** (name) \_\_\_\_\_ **Signature** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **(email)\*** \_\_\_\_\_

**Advisor:** (name) \_\_\_\_\_ (signature) \_\_\_\_\_ (email) \_\_\_\_\_

**OSIL verification of recognized organization:** \_\_\_\_\_

\* Required Field. Vice President of Finance will email the Organization Officer when the Funding Application for Funding (FA) will be reviewed.

|                          | <b>Total Projected Expenses</b> | <b>Amount Requested (ASI)</b> |  |
|--------------------------|---------------------------------|-------------------------------|--|
| Performer/Honorarium Fee | _____                           | _____                         |  |
| Rental Charges           | _____                           | _____                         |  |
| Promotion and Publicity  | _____                           | _____                         |  |
| Food/Catering            | _____                           | _____                         |  |
| Supplies/Services        | _____                           | _____                         |  |
| University Services      | _____                           | _____                         |  |
| <b>Total:</b>            | _____                           | _____                         |  |



