

Associated Students

Student Commission On Racial Equality

Funding Application

Organization/Department Name: _____

Event Title: _____

Event Location, Time, Date: _____

Contact Person: _____ Email: _____

OSL Account #: _____ or AS Account #: _____

Total Budget: \$ _____ Requesting: \$ _____

Purpose of Event:

How is this raising awareness about racial equality?

List of other financial Sources from which you have received funding from:

Organization	Amount Requested	Amount Received
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Received:		\$ _____

Please attach a detailed itemized budget of the event's projected expenses and bring at least 3 copies