

Student Activity Funds Request Form

(Please print legibly)

Today's Date:

Name of Organization:

AYSPS Advisor:

Student Contact Name:

Student Contact Email Address:

Total Funds Requested:

Name of Event:

Purpose of Event:

Date of Event:

Approximate Number of Attendees:

**Provide a specific list/breakdown of how funds will be spent
(amount for refreshments, advertising, etc.):**

How are you Advertising the Event?

Comments:

(For Review Committee Only)

Approved _____

Approved, but limited to amount of _____

Not Approved _____

Comments: