

STUDENT ORGANIZATION FUND APPLICATION

DATE: _____

****The following information (please print) is required before a fund is established****

Name of Organization: _____

Name of Org. contact: _____ Phone number: _____

Is the Organization recognized by the Campus Life Office? _____

Director of Campus Life Student Activities Signature: _____

How will revenue be generated? _____

How will funds be utilized? _____

Names and titles of officers: _____

Print names of Authorized signers to be listed on the signature card (**at least 2 signers**)

Organization's campus mail address: _____

Print **Faculty/Staff Financial Manager's** name: _____

Faculty/Staff Financial Manager's campus phone & mail address: _____

Faculty/Staff Financial Manager's signature: _____

Please forward **completed application** to:

Lillian Tusson, Accounting Department, 212 Hover Building

The fund will be officially opened upon receipt of the first deposit.

****No disbursement can be made from the fund in excess of the fund balance.****

Date rec'd: _____ Agency Fund # assigned: _____