

**General Information**

Club name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of active club members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person requesting the funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of funding requested: $ \_\_\_\_\_\_\_\_\_\_

Club cost center number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Current club account balance: $ \_\_\_\_\_\_\_\_\_\_\_

Current club fundraising account balance (if applicable): $ \_\_\_\_\_\_\_\_\_

**Event/Program Details: *Please complete this section on a separate sheet of paper and attach to the form.***

Describe how you plan to use the requested funds. Include cost estimates including, but not limited to: catering quotes, marketing costs, materials, artist/speaker fees, travel, etc. ***(Attach additional sheets as necessary.)***

Who is the target audience of the event/program? (Circle all that apply)

Club Members College Community Rochester Community

Has this event or program been done in the past? YES or NO

List any clubs, College departments, community organizations or other partners (if applicable).

Describe how the additional funding will benefit your club and the College.

**Signatures**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Requester Date Club Advisor Date

Please notify the Student Treasurer at least **two weeks** in advance to schedule or cancel a Finance Meeting.

Send this completed form to the Student Treasurer at least **two weeks** before the next Finance Meeting.

Student Treasurer contact information: Chad Jacob, chad.jacob@my.rctc.edu