



Funding Request Form

CSA readily acknowledges and is grateful for faculty guidance and support in the process of obtaining guests. We do ask however that the student representative remains the main initiator for funding requests as it preserves our charter as a student directed organization.

Treasurer Use Only
Line: _____
Vote Count (Y/N/A): ___/___/___
Recommended Amount: _____

- 1. Name of Sponsor, Area, and Contact Information (Must Be a Student)**

- 2. Name of Clinician/Group/Performer/Tour/Event**

- 3. Describe Activity (Number of students involved/affected, Performance, Masterclass, Workshop, Tour, and the CONTENT OF THE ACTIVITY)**

- 4. DATE of Performance of Activity including PLACE and TIME**

- 5. Total cost of event (include all expenses INCLUDING costs not requested)**

- 6. Total funding amount REQUESTED from CSA**

- 7. Detailed breakdown of expenses (Please include any documentation confirming fees and other expenses)**

- 8. List other sources of funding (you MUST have other sources listed, or else we will not approve the funding request)**

Signature of Sponsor _____

FACULTY SIGNATURE NOT ALLOWED