

Student Life Request for Funding

Requests MUST be submitted and approved by reviewers at least ONE WEEK prior to the upcoming SGA meeting.

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Event Informa	tion					
Requestor Name:	*		Email:	*		
Event Title:	*		Event Location:	*		
Proposed Start Date:	*		Proposed End D	eate: *		
Estimated Cost:	*		Number of Expe	ected *		
Please upload a co	omplete roster with na	mes & student ID #'s.				
Please upload a de	etailed cost breakdowi	n.				
* Please unload any	other supporting docu	ımentation				
Ticuse apioud any	other supporting doct	mentation.				
Please explain the	purpose of the event.					
		t Dalton State students. vill directly benefit the DSC s		ing the funds to trave	el, how will you use the e	experience to directly benefit DSC
*						
Proposal Pre	sentation					1
		vour proposal at the	next scheduled SGA mee	ting SGA mosti	ngs are typically by	ald the last Friday of
every month.	ea mai you present	your proposal at tile i	neat scheduled SGA illee	ing. JGA meeti	ngs are typically lie	ora tile last Filuay VI



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DECISIONS

You are about to complete your part of the Request for Funding. Please review the information carefully and provide your decision. If while reviewing the form, you see additional information is needed, <u>DO NOT</u> deny the form, rather reject the request back to the form owner so that they may provide the additional information that is required. If you will be denying the request, please explain your reason for denial in the space provided and then select "Next" to sign off on your decision.

Decision:		* Please Select 🗸			
	latan batana	Please Select V			
Please explain your dec	ision below:				
					/
Student Life					
Decision:		* Please Select 🗸			
Please explain your dec	ision below:				
					,
questor Signature			_Date:		
questor Signature anizational Advisor or pervisor Signature	Electronic Signature	Pending	_Date:		,
anizational Advisor or	Electronic Signature		Date:		
anizational Advisor or pervisor Signature			_Date:		
anizational Advisor or pervisor Signature			_Date:		,
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