



Request for Appropriation of Funding

Complete form and gather all required information/signatures
Attach supporting documents if needed
Submit form to the Associated Students Office Rm. 222
All request must be submitted 6 weeks prior to event date

Date Received:

Funding Conditions:

- All club officers must have paid A.S. Benefits fee.
- Event must benefit Fullerton College Students in one or more of the following categories: leadership development, retention and transfer, recognition of service, civic engagement and advocacy, and/or co-curricular engagement.
- All event marketing (written and oral) must acknowledge the Associated Students as a sponsor and include the Associated Students logo on all materials.
- This form must be completed, submitted along with all supplemental documents at least 6 weeks prior to event date.

I. Type of Appropriation Requested (Select all that apply):

Amount Requested per item:

- Catering: (eg. Sodexo) \$ _____
- Food Supplies: (eg. Pre-packaged food items, chips, candy, granola bars, etc.) \$ _____
- Supplies: (eg. Cutlery, decorations, flyers, etc.) \$ _____
- Student Led Campaign: \$ _____
- Other Description: \$ _____

Total Amount Requested: \$ _____

II. Event Information

Name of Student Club/Organization: _____

Name of FC Faculty Advisor: _____

Name of Event: _____

Event Location: _____

Event Date: _____

Active Bursars Account Information: _____

III. Purpose of Event

How will this event benefit and impact student success at Fullerton College? (Select all that apply):

- Leadership development
- Retention and transfer
- Recognition of service
- Civic engagement and advocacy
- Co-curricular engagement

Please attach supplemental sheets to describe how your event fulfills one or more of the categories listed above (Section III). Attach a detailed budget breakdown for the amount requested by including quotes etc.

NOTE: To be considered for appropriation of funding Associated Students will verify that all club officers paid their current Associated Students Benefits Fee. Fees are subject to verification via current semester schedule bill showing purchase of AS Benefits.

By signing this form, I agree to follow the Associated Students Guidelines for appropriation of funding. I understand failure to abide by these guidelines will result in dismissal of funding.

_____ Signature of Co-Chair	_____ Date	_____ Print Name of Co-Chair	_____ Date
_____ Signature of Co-Chair	_____ Date	_____ Print Name of Co-Chair	_____ Date
_____ Signature of Club Advisor	_____ Date	_____ Print Name of Club Advisor	_____ Date

A.S. OFFICE USE ONLY

Verification of AS Benefits Membership

Co-Chair Paid Not Paid Co-Chair Paid Not Paid
Treasurer Paid Not Paid Secretary Paid Not Paid

A.S. Senate

For: _____ Against: _____ Abstain: _____

A.S. Finance Committee

For: _____ Against: _____ Abstain: _____

Approved \$ _____

Denied

_____ A.S. Vice President of Finance	_____ Date	_____ Associated Students Faculty Advisor	_____ Date
_____ Director of Student Life and Leadership	_____ Date		