

LECOM School of Dental - SGA Request for Funds Form

Date Submitted: _____

Group/Organization Requesting Funds: _____

Contact Person Information (Individual) Name _____

Phone Number _____ Email _____

Amount requested from SGA: \$_____ Total Cost(s) for Event/Trip \$ _____

How will difference (between total cost and SGA funding) be funded? _____

What type of funding are you requesting?

_____ Organization General Request (supplies, startup, etc.)

_____ Organization Special Event

_____ Organization Loan (will be paid back)

_____ Trip/Conference (Grant)

_____ Other Program/Event (not sponsored by student organization)

If the request is general or a loan, what will the money be spent on? Please be as specific as possible. _____

If the request is for an event, trip, or conference, please provide a description, including what you hope to get out of it. _____

How will the event, trip, or conference benefit the LECOM Student Body as a whole?

How will those planning and or participating in the event, conference or trip give back or share what they have learned or experienced to the larger campus community?
