

## **Student Organization Financial Support**

### Request for Financial Assistance

#### Overview

The CALS Alumni Council may, at its discretion, recommend to the Dean that financial assistance to organization in good standing with the CALS be provided out of funds generated by the Council. No contributions will be made to an individual. All requests for financial assistance shall be made by completing this form and submitting it to the attention of the CALS Alumni Council, CALS Development and Alumni Office, Forbes Building Room 325, College of Agriculture and Life Sciences, University of Arizona POB 210036, Tucson AZ 85721.

All applications for financial assistance will be reviewed by the CALS Alumni Council Finance committee. The committee will make recommendations for action by the CALS Alumni Council, who will in turn make recommendations to the Dean. Applicants are encouraged to submit requests well in advance of the date funds will be needed in order to allow for reasonable review by the Finance Committee and scheduling of action at a regular meeting of the CALS Alumni Council.

### **APPLICATION**

(Must be submitted electronically to the CALS Development and Alumni Office ([JMG@ag.arizona.edu](mailto:JMG@ag.arizona.edu)) 10 days prior to the next regularly scheduled Alumni Council meeting.)

Please provide adequate detail in order to allow evaluation of the request based upon the information include with the application form. If needed, additional pages may be attached.

Date submitted to the CALS Alumni Office: \_\_\_\_\_

Organization name: \_\_\_\_\_

Number of organization members: \_\_\_\_\_

Number of meetings per semester/year: \_\_\_\_\_

Name of person completing application: \_\_\_\_\_

Phone and email: \_\_\_\_\_

Name of organization faculty sponsor: \_\_\_\_\_

Phone and email: \_\_\_\_\_

Include a letter of recommendation from your department head and/or faculty advisor. (via email)

**Project name/title:**

Description of the requesting organization (who?):

Description of the purpose of the project (why?):

Description of the project (what, where, when, and budget?):

Are you receiving funding from other sources i.e. department, fundraising activities, etc.?

What is your personal contribution?

Project time lines including start date, milestones and completion date (how?):

How would your organization benefit by receiving the funds requested? - Be Specific.

How would this budget request benefit the College of Agriculture and Life Sciences? - Be Specific.

Applications must be received by the CALS Development and Alumni Office by September 10, 2009 and February 15, 2010.

After an activity/event has occurred please, please provide a report/ thank you.

Applications MUST be submitted via email to: [JMG@ag.arizona.edu](mailto:JMG@ag.arizona.edu)

For questions or more information please email: [JMG@ag.arizona.edu](mailto:JMG@ag.arizona.edu)  
or call (520) 626-3036

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This section is to be completed by CALS Alumni Council/ Development and Alumni Office

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Request reviewed by: \_\_\_\_\_

Request approved: \_\_\_\_\_ denied: \_\_\_\_\_

Distribution of funds if approved: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Account: \_\_\_\_\_