



ROWAN UNIVERSITY

# School of Osteopathic Medicine

## **STUCO Club Special Projects Funding Request Form**

Organization  
Name:

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Name of Event:

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Contact Name:

Phone  
Number:

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Contact E-mail  
Address:

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Proposed Date  
of Event:

**Total Amount Requested  
from STUCO:**

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### **Description & Purpose of Event:**

### **Fundraisers done for event (what was done, how much was raised):**

### **Sources of other funding received (specify if you have requested and are expecting other funds as well, from clubs as well):**

### **Club activities (recent club activities, planned club activities):**



**Break Down of Cost.** Please include a detailed description of the anticipated costs of the proposed event. (Use quantitative measures such as % or dollar descriptions and measurements).

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INSTRUCTIONS:

1. Complete STUCO Funding Request form and email **STUCO Secretary, STUCO Treasurer, STUCO President and Stephanie Levin (Levins@rowan.edu)** by **5pm the Wednesday before the STUCO meeting**. The form must be received by this deadline to be considered at the next STUCO meeting.
  2. In order to receive reimbursement, "Miscellaneous Disbursement Form," a copy of the credit card (if used), and original receipts must be submitted to Stephanie Levin upon completion of the event. Forms can be found on the STUCO website.
  3. Students are **required to present** this funding request (3 minutes maximum) to the council at the monthly STUCO meeting. If the student is unable to attend, he or she must inform the **STUCO Secretary, STUCO Treasurer, and STUCO President** at least 48 hours prior to the STUCO meeting to set up an alternate means of presenting the
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request.

