



ROWAN UNIVERSITY

School of Osteopathic Medicine

STUCO Club Special Projects Funding Request Form

Organization Name:	_____	
Name of Event:	_____	
Contact Name:	Phone Number:	_____
Contact E-mail Address:	_____	
Proposed Date of Event:	_____	
	Total Amount Requested from STUCO:	

Description & Purpose of Event:

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

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

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

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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).

INSTRUCTIONS:

1. Complete STUCO Funding Request form and email **STUCO Secretary (Nhi Tran: trann4@rowan.edu)**, **STUCO Treasurer (Bob Sharkus: sharkusr6@rowan.edu)**, **STUCO President (Juhee Patel: patelj69@rowan.edu)** and **Brittany Mitchell (mitchellba@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 Karen Davis 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 (Nhi Tran; trann4@rowan.edu)**, **STUCO Treasurer (Bob Sharkus; sharkusr6@rowan.edu)**, and **STUCO President (Juhee Patel; patelj69@rowan.edu)** at least 48 hours prior to the STUCO meeting to set up an alternate means of presenting the request.
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