Special Allocation Request Form

To assure timely deliberations and a ruling on requests, all required materials should be submitted to the Office of Student Life at least thirty (30) days in advance of an event. The following criteria will be used to determine eligibility of campus program using student activity funds.

1. Programs must be open to all students of GPC.
2. Programs must support the mission and vision of the College.
3. Programs should promote co-curricular learning, personal growth and development, leadership development, volunteer or community service.
4. Programs should attempt to partner with existing clubs and organizations.

TYPE OF REQUEST:  Campus ________  College-Wide ________

Contact Person: ________________________________________________________________

Contact Person’s Phone #: ___________________ Contact Person’s Email: _______________________

Date of Event: ____________________________ Event Title: __________________________________

Location of Event: _________________ Time of Event: ____________________

Amount Requested: _________________________ Yes: _____ No: ______

Is the event co-sponsored by a campus club or organization? If yes, please provide the name of the club/organization and the advisor’s information:

Club / Organization: ________________________________________________________________________

Advisor’s Name: _______________________ Advisor’s E-mail:________________________

Advisor’s Signature:____________________________________________________________

How will the funds be used? ________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Would you like to present your request in person? Yes: _____ No: ______

Please briefly explain how the event will promote student development?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

For Office Use Only

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Hearing Date: ___________________________________________________________________

Request Submitted By: _______________________ Representative who will present the request: __________________________

Amount Approved: _______________ Amount requested: _______________

SGA’s Decision:   __ Approved    __ Approved with changes __Denied

If approved, the following account will be charged: __________________________

If denied, please state reason: ________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SGA President’s Signature: _____________________ Date: ________________

SGA Treasurer’s Signature: _____________________ Date: ________________

Director of Student Life: ________________________ Date: ________________