SUNSCAD Funding Form

Persons or groups wishing to request funding or other support from SUNSCAD must submit the following form, filled out in full.

Name of applicant

Phone number

Organization or Club name if applicable

Nature of request or event

Location of event

Detailed budget or description of event (please attach any supporting documents)

Please indicate the following by circling YES or NO.

Alcohol invoved YES NO
Transportation involved YES NO
Sports activity YES NO
Waiver forms required YES NO

Signature of Applicant Date:

Received by Date: