

Student Group Information:

Student Group: _____ Student Leader: _____

Email: _____ Phone Number: _____

Please list all the Student Alliance semester funds awarded (total \$ amount) received over the last 2 years:

Purpose of Funding:

Title of Event(s): _____

Location: _____ Date(s)/Time(s): _____

Description: _____

Number of Student Participants: _____

Total Amount Requested: _____
(Please attach detailed budget to this application.)

Please read and initial the following statements:

- ___ The proposed event/activity must list Student Alliance as a sponsor, list the event on the Student Alliance website, and if possible include the Student Alliance logo on all marketing materials.
- ___ Student leader must submit a copy of the sign-up sheet when submitting the funding receipt form to verify CIIS student participation.
- ___ I understand that as a recipient of Student Alliance Funds, I or a student group representative may be expected to present on my experience at the next Student Alliance meeting and/or event.
- ___ I agree to allow Student Alliance and CIIS Student Affairs to promote and publish event information via Student Alliance and CIIS communication channels (newsletter, website, board meetings, etc.)
- ___ I understand that if this event is a CIIS student event that will take place off-campus, I must arrange for insurance with the Business office.
- ___ All awards are taxable. If a taxpayer receives more than \$600 from CIIS in one calendar year, we are required to file a 1099 with the IRS.
- ___ I have read and agree to follow all of the Student Alliance funding policies.

Please sign below and leave this form in the SA mailbox in Cubicle 408 on the fourth floor.

Signature: _____ Date: ___ / ___ / _____

To be completed by Student Alliance Coordinator:

- Student Group was granted \$ _____ on ___ / ___ / _____.
Caveat(s) and Resolutions (if any):

Student Alliance Coordinator: _____

SUBMIT ONE WEEK PRIOR TO STUDENT ALLIANCE MONTHLY MEETING