

COMMUNITY SERVICE NETWORK  
Request for Funding

Name of Organization: \_\_\_\_\_

Student Requesting Funding: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Net ID/Email: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Is this a Yearly Event? \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Expenditures:

Items:

Anticipated Cost:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenditures: \_\_\_\_\_

Income/Other Funding:

Items:

Anticipated Income:

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Total Income :

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