



Funding Request Form
 Submit to SGA
SGA@umassmed.edu

Completed forms must be submitted to SGA via email no later than one week prior to your event.

Student Group(s): _____ Student Group Adviser(s): _____

Event Date: _____ Student Event Coordinator Email: _____

Event Description and Goal (2-3 Sentences). Please be sure to outline how you will encourage participation from all three schools:

Item	Vendor	Amount

Total Requested: _____

Total Granted _____

How many students are expected to participate in this event? _____

Invitees will include (check all that apply):

Student Group Members
 SOM Students
 GSN Students
 GSBS Students
 Faculty
 Other

Are you receiving external funding for this event? _____

If yes, from which organization(s)? _____

Name of student responsible for use of Credit Card: _____

Approval: _____

SGA Treasurer

SGA Co-Chair

SGA, Co-Chair

SGA Faculty Adviser

Date: _____