STUDENT ORGANIZATION ALLOCATION REQUEST

Name of organization requesting funds ___________________________________________________________________________________

Nature of proposed activity _____________________________________________________________________________________________

Date ___________________________ Time ___________________ Location __________________________________________

Activity director(s) ___________________________________ Activity target group _______________________________

Projected number of students to benefit _____________ Facility to be used ________________________________________

Activity objective __________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Activity description __________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Other comments _____________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Faculty advisor(s) ____________________________________________________ Telephone __________________________

DETAILED BUDGET OF PROPOSED EXPENDITURES

<table>
<thead>
<tr>
<th>Proposed Item</th>
<th>Funds Requested</th>
<th>Requesting Group’s Financial Commitment</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

For fundraising and/or solicitations approvals, please contact Rose Landey at (901) 333-4577 or rlandey@southwest.tn.edu. Clubs and organizations can have only two (2) fundraisers a month as per TBR policy.

We, the undersigned, do certify that the information provided herein is correct, and in compliance with the Student Organization Allocation Request guidelines.

_________________________________________  ______________________________________
President of Club/Organization                     Date

_________________________________________  ______________________________________
Faculty Advisor                                      Date

Amount of funds approved ________________________________

Comments ________________________________________________________________________________

_________________________________________  ______________________________________
Committee Member                                   Date

_________________________________________  ______________________________________
Student Activities and Multicultural Affairs            Date

Date received _______________________________________ Date reviewed ____________________

0111000 REV 13226 • Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college.