Application for Graduate Student Group Funding

Please answer the following questions completely. Unanswered questions and/or failure to complete this form legibly may result in ineligibility for funding this semester.

1. Name of organization: _____________________________________________________________

2. Organizational goal: __________________________________________________________________

3. Campus Mailing Address: _____________________________________________________________

____________________________________________________________________________________

4. Advisor: ____________________ Phone: ________________ UAB Email: ________________________

5. President: ____________________ Phone: ________________ UAB Email: ________________________

6. Is your organization currently registered through UAB Student Life and Engage? Y / N

7. How long has your group been active on campus? _________________________________________

8. Total number of members: _________________ Total number of graduate students: ______________

9. Does your student group have an external checking account established? Please Attach voided check

10. Number of events funded by the Student Group Funding Program? __________________________

11. Names of the Senator Sponsors for funding (minimum 2): 1. ________________________________

2. ________________________________

GSG Funding Agreement

We, the undersigned, as representatives of ____________________________________________ have read, understand, and agree to abide by the laws of the GSG Funding Guidelines contained in the GSG Code of Laws and understand that any violation of these laws would jeopardize our qualification for funding. We understand that all eligibility requirements must be met prior to submission of this application. Furthermore, we recognize that any misrepresentation or falsification of any information contained in this application is considered a violation of the aforementioned guidelines and can result in penalties to include forfeiture or reimbursement to the GSG of funds and disqualification from future funding.

Advisor: ___________________________________________(print name)
_____________________________________________________(sign and date)

President: _________________________________________(print name)
_____________________________________________________(sign and date)

NOTE: Review for renewal of Annual Funding is based upon how well these events are targeted towards professional development for graduates students and/or the stated plans for funding.
**Previous Use of Funds**

For the last 3 GSG funded events please provide the following information in the table below. **In one additional digital document (PDF preferred), please provide previous 12 months full accounting for ALL expenditures and revenues for ALL accounts used to fund your student group and/or sponsored activities.**

<table>
<thead>
<tr>
<th>Event Name and Date</th>
<th>Event Purpose/Target Audience</th>
<th>Number in Attendance</th>
<th>Total Expenditure</th>
<th>Total Reimbursed by GSG</th>
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Total amount GSG granted for previous year: $ ____________
Total GSG grant expenditure: $ ____________

**Plans for Funding**

For the event(s) that you are planning to use funding for, please provide the following information in the table:

<table>
<thead>
<tr>
<th>Event Name and Date</th>
<th>Event Purpose/Target Audience</th>
<th>Expected Attendance</th>
<th>Total Event Budget</th>
<th>Amount Requested for Event</th>
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Total Budgeted: $ ________________
Total Funds Requested: $ ________________
Have you obtained additional funding? (YES / NO) If “Yes” how much? ________________