

# Grant Request

Campus Recreation - Club Sports

Name of Club Sport: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Club Account #: \_\_\_\_\_

**Contact Information:**

Officer: _____	Student ID #: _____
Phone: _____	Email: _____
Advisor: _____	Phone: _____
Email: _____	Dept. Mail Stop: _____

- Check here for Starter Grant. Maximum \$400 for newly recognized club sports only.
- Check here for Emergency Grant. Maximum \$800 for existing club sports only.

**Request Information:**

Amount Requested: _____	Current Balance in Club Account: _____
Number of Members: _____	
Reason for Request: _____	
_____	
_____	

**To be considered, make sure to attach a yearly budget explaining revenue and expenses.**

\_\_\_\_\_  
President Date

\_\_\_\_\_  
Other Officer Date

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Assistant Director Date

**Office Use Only**

Amount Approved: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Results: \_\_\_\_\_

Original: Assistant Director Photocopy: Club President