

Treasure Valley Community College

APPLICATION FOR CLUB FUNDING

Club Name _____ Date _____

Faculty/Staff Advisor _____ Phone _____

Main Student Contact _____ Phone _____

***All clubs are encouraged to consider fundraising options prior to any ASTVCC funding request.**

Please categorize fund request below using all choices that apply and amounts.

<u>Category</u>	<u>Amt. Requested</u>	<u>Description</u>
Supplies/Materials	\$ _____	_____
Printing/Reproduction	\$ _____	_____
Food/Beverages	\$ _____	_____
Performer/Speaker	\$ _____	_____
Special Event/Travel	\$ _____	_____
Miscellaneous	\$ _____	_____

Total Requested	\$ _____
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The ASTVCC club fund provides financial support for approved clubs. ASG funded clubs may not discriminate based on race, creed, color, national origin, gender, religion, sexual orientation, marital status, disability, age, veteran status, or academic program. Most political and religious activities shall not be funded by student fees as governed by the state of Oregon.

Description of Request: Please briefly describe how the club intends to make use of ASTVCC club funds. Attach additional pages if needed.

Club Advisor Signature _____ Date _____

Main Student Contact Signature _____ Date _____

Student Programs Use Only: Amount Awarded _____ Date Awarded _____ Staff Signature _____ Club/Organizations Coordinator _____
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