

Request for Supplemental Security Funds

Please complete this form in its entirety and bring to 510 Wilson Commons. The Event Registration Committee will notify you of its decision in writing within 5 business days of its receipt of this application.

Name of Group(s) Requesting Funds: _____

Event Name: _____

Event Date: _____

Event Manager (name and phone number): _____

Event Description: _____

Please attach to this form:

- **A copy of your Event Registration Form, signed by your advisor**
- **A written estimate of Security costs for the event**
- **A document with answers to the following questions**
 1. How much has your organization budgeted for this event (including outside funding and ticket sales)?
 2. How will this event enhance campus community?
 3. Please include any other information you feel relevant to the request.

Student Requesting Funds: _____
Name (Printed) Title Signature Date

Organization Advisor¹: _____
Name (Printed) Signature Date

For SA funded organizations:

Student Accountant: _____
Name (Printed) Signature Date

Business Manager: _____
Name (Printed) Signature Date

¹ Your organization's staff advisor (a staff member in WCSA, FSA, Res Life, RCCL, Chapel or Engineering)