**Stevenson Student Council Funding Request**

All funding must be turned in by noon on the Wednesday before Stevenson Student Council Meetings on Thursdays @ 7:30pm in the Silverman Conference Room.

Return this form to the Stevenson College Programs Office or fax to 831 459-3108.

<table>
<thead>
<tr>
<th>Name of organization for which funding is requested:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Event:</td>
<td>Date of Event:</td>
</tr>
<tr>
<td>Amount you are requesting:</td>
<td>Total cost of Event:</td>
</tr>
</tbody>
</table>

Your Contact Information:

- Name: ____________________________ E-mail: ____________________________
- Phone #: ________________________ College Address: ________________________

Name of member attending Stevenson Student Council: ____________________________

**Your Affiliation:** (select one)

- [ ] I am with an official SOMeCA organization.
  - Org. Name: ____________________________ Date Submitted: ____________________________
  - SOMeCA Adviser Name (circle one):
    - Adrian Dorris: adorris@ucsc.edu
    - Marienne Cuison: mcuison@ucsc.edu
    - Katherine Canales: kcanales@ucsc.edu
    - Susan Watrous: swatrous@ucsc.edu

- [ ] I am with a campus unit or non-SOMeCA organization.
  - Unit’s name: ____________________________ FOPAL Account #: ____________________________
  - Billing contact name: ____________________________ Billing Contact e-mail: ____________________________

- [ ] I am an individual unaffiliated with any sponsoring unit/organization.

- [ ] This is a Stevenson project overseen Programs Office and associated students.

**Detail of Request:** (Please make sure you can answer completely or your funding request will not be accepted.)

- What, when, and where are you hosting this event? ____________________________________________
- Who is invited? ____________________________________________
- Why are you hosting this event? ____________________________________________

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**This section is for Official Student Council use only.**

**To be completed by Student Council Treasurer for approved requests.**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Program</th>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debit</td>
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<td>Credit</td>
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</tbody>
</table>

Return Fully completed form to Student Council Treasurer: ____________________________

CPC Signature: ____________________________ Date E-mailed to SOAR: ____________________________

College Fiscal Contact: ____________________________ Email: ____________________________ Phone: ____________________________

SOMeCA/College Advisor: ____________________________ Date to Fiscal: ____________________________