



Special Project Funding Request Form 2025-26

Course Union: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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Name of Project: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Amount Requested from ASSU: \_\_\_\_\_

Full detailed description of Project:

List other organizations you are seeking funding from - please indicate if the funding is approved, rejected, or pending. If approved, indicate the amount granted.

Please provide a FULL detailed line-by-line budget for **entire** event:

<u>ITEM</u>	<u>COST</u>

Please attach any additional information to this form.

**Receipts and any unused money must be submitted within 3 weeks of your events**

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FOR OFFICE USE

Date Received: \_\_\_\_\_

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

Amount Granted: \_\_\_\_\_ ASSU Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

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