Special Project Funding Request Form 2026-27

(for Course Unions Only)

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.

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

ITEM	**COST**
____	___________________
____	___________________
____	___________________
____	___________________
____	___________________
____	___________________
____	___________________
____	___________________
____	___________________
____	___________________

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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F O R O F F I C E U S E

Date Received:____

Date Approved:____

Amount Granted:_____________________ ASSU Signature:________________________________

NOTES:____

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