NURSING STUDENT GOVERNMENT ASSOCIATION
APPLICATION FOR FUNDING

DIRECTIONS:
• Please complete this application form to request funds from the Nursing Student Government Association.
• While any student or other individual associated with UMB may apply for funding, only events that are open for participation by ALL students will be considered for funding.
• Events that are purely social in nature may only be awarded a maximum of $250.00 per request.
• NSGA funds may not be used for the purchase of alcohol.
• The attached “Statement of Understanding” and “NSGA Disclaimer” must be signed and presented with this form.
• Please return completed application and forms to:
  Nursing Student Government Association
  Student Organizational Office 442C
  BY MARCH 7th, 2005 7PM!!!!

EVENT INFORMATION

Organization Requesting Funds____________________________________________________

Name of Individual Making Request______________________________________________

Date of Request:  □ Fall Semester  □ Spring Semester

Amount Requested from NSGA____________________________________________________

Nature of Event (e.g., guest speaker, mixer) _________________________________________

  Date of Event____________________________________________________________

  Time of Event___________________________________________________________

  Location of Event________________________________________________________

How do you plan to ADVERTISE this event and attract students? (Note: As a condition of funding, the NSGA must be identified as a sponsor on all advertising and failure to adequately advertise may affect reimbursement.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Will TICKETS be required for admission to this event?  □ YES  □ NO
If yes, how do you plan to make the tickets available to all students in all programs?

____________________________________________________________________________
FUNDING INFORMATION

Approximate Cost of Event_______________________________________________________

Amount Requested From NSGA___________________________________________________

Itemize Total Costs Associated With Event Itemize Total Costs Requested From NSGA

OTHER SOURCES OF FUNDING

Total Amount Requested From Other Sources_________________________________________

Name of Source(s) & Amount Requested From Each__________________________________

Total Amount Granted From Other Source(s)_______________________________________

Name of Source(s) & Amount Granted From Each___________________________________

CONTACT INFORMATION

Name of Individual to Notify of Funding Decision:_____________________________________

Local Mailing Address:_____________________________________________________________

E-mail:_________________________________    Phone Number:________________________

NSGA ACTION

☐ Funding Denied

☐ Funding Approved Unconditionally For: $_________________

☐ Funding Conditionally Approved For: $___________________

Indicate NSGA conditions for funding event:
NSGA & ORGANIZATION REQUEST FUNDING

“STATEMENT OF UNDERSTANDING”

I, ____________________________________________, am associated with the Organization Requesting Funding from the Nursing Student Government Association.

- I have read the NSGA’s “Guidelines for Funding UMB Students and Student Groups.” I understand that submittal of this request requires explicit acceptance of all conditions outlined in the Guidelines, particularly I.A.1.(d).

- I understand that funds received from the NSGA may only be used to purchase entertainment services, defray rental costs, procure food and/or non-alcoholic consumables, etc.

- I further understand that the NSGA does not intend to provide funds for the purpose of purchasing alcoholic beverages, licenses and/or permits associated with the purchase of such beverages.

- Additionally, the NSGA’s name may not be used to reserve or purchase permits and licenses associated with any alcoholic beverage.

_______________________________ ________________________________
Print (Person Requesting Funds)   Print (President of Organization Requesting Funds)

_______________________________
Signature     Signature

_______________________________
Date       Date

NSGA DISCLAIMER

It is my understanding that the NSGA assumes no responsibility for loss, damages or injury occurring at events for which funding has been granted. Security arrangements, safety of participants, and control of the event are the responsibility of the Organization Requesting Funding. The NSGA is relinquished from liability associated with any and all such damages.

_______________________________ ________________________________
Print (Person Requesting Funds)   Print (President of Organization Requesting Funds)

_______________________________
Signature     Signature

_______________________________
Date       Date