

**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