2013-2014 Student Association Senate Appropriation Request Form for New Organizations

Organization (Please write out complete name):

_____

President: _____
Phone:_____
Email:
_____
Treasurer: _____
Phone:_____
Email
_____
Advisor: _____
Phone:_____
Email:
_____

Do you have a Banner Account? (circle one) YES NO

If YES, Banner Account # _____

Disclaimers:
It is your responsibility to familiarize yourself with Title 500 (the Finance Code) of the SA Constitution, as it details the process by which funds are appropriated. The constitution is readily available on the SA website: www.sa.msstate.edu. **Those organizations receiving funds from the Student Association will be required to submit an event form and an event evaluation form one month following your event.** (both can be found in the Center for Student Activities and at www.sa.msstate.edu) **Failure to submit these forms by the deadline will result in your organization being disqualified for appropriations the following semester.** Your organization's information must be up to date on the Difference of One website, www.one.msstate.edu, in order to have your application considered. If you need assistance with this, contact Brittany Clark in the Center for Student Activities at brittany.clark@saffairs.msstate.edu or (662) 325-2930.

Are you a new organization on campus? (circle one) YES NO

What is the goal number of members in your organization for the first year?

_____

What will the money appropriated to your organization be used for?

_____
_____
_____
_____
_____

What are your organizations goals for the upcoming year?

_____
_____
_____
_____
_____
_____
_____

On a separate sheet of paper (typed), please provide an **itemized list including estimated prices** of what your organization needs for the event. Please give as many details as possible. It will make it easier for the appropriations committee to understand what type of event you want to host. (Please attach any additional information to this application.)

Please attach a copy of your constitution to this form.

Failure to respond to questions about your application from the appropriations committee will result in your organization not receiving appropriations.

We hereby do testify to the truth and accuracy of this application. Please sign and date below.

President:_____
Date:_____

Treasurer:_____
Date: _____

Advisor:_____
Date: _____

FOR OFFICE USE ONLY

Name of person submitting the form:_____
Phone #:_____
Name of person taking the form:_____Date_____
Amount Appropriated:_____
Name of person taking the check:_____Date:_____
Phone #:_____