

**Washington State Community College Student Senate  
2009/2010 Organization Information & Funding Request Form**

**Organization name:** \_\_\_\_\_

**Mission of the organization:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization advisor:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**President of organization:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Amount of funding requested:** \_\_\_\_\_

**Description of activity/ item(s) to be purchased with funding:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Detailed budget for activity/ item(s) to be purchased:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Campus wide student activity to be hosted by the organization within the 2008/2009 academic year (please include details of activity and possible date):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT SENATE MEETINGS FOR 2008/2009:**

<b>October 5, 2009</b>	<b>January 4, 2010</b>	<b>April 5, 2010</b>
<b>November 2, 2009</b>	<b>February 1, 2010</b>	<b>May 3, 2010</b>
	<b>March 1, 2010</b>	

**All meeting start at 2pm and are in the Business Wing Conference Room.**  
By signing this document, I understand that I am responsible to host one student activity on campus as described above. In addition, I agree that a representative from my organization will attend the Student Senate meetings listed above. Failure to complete the student activity or missing 2 or more Student Senate meetings will result in a loss of funding for the 2009/2010 academic year.

**Required Signatures**  
**(Requests will not be considered without both signatures)**

\_\_\_\_\_  
**Organization President**

\_\_\_\_\_  
**Organization Advisor**

**Date:** \_\_\_\_\_

**This form should be returned to Kristin Meeks in Student Services. Questions?  
kmeeks@wsc.edu, X 1406**