Club Name: _____________________________________
Student Representative’s Name:____________________
Phone#& Email: _________________________________
Date submitted:__________________________________
Total amount of request $:_________________________

Please review pages 24-28 for more information.

Check all that apply:

☐ Seed Money ($50 one time, when Activated)
☐ Annual Grant ($100 for general needs)
☐ Loan ($400 max and 10% interest if not paid back within 30 days)
☐ Special Activities Fund ($500 maximum per year for on-campus activity/activities, requires minutes to be attached with expense list, $500 can be divided up among events ). Activity Petition required unless event is already occuring on-campus and club simply wants to donate and become a co-sponsor.
☐ SPO7 Cultural Fund ($1,000 total, see page of requirements including already having requested all of the above and asking one month prior to the event)

Purpose:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How will the fund be used?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How will the fund benefits students and how many students will be served?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you explored other possible sources of income? If so, name the source of income:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please include a brief history of your group’s accomplishments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How has your group benefitted the Associated Students of Foothill College?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Club Advisor (Responsible for Overseeing Account) (Sign & Date):

Student Accounts Manager’s (Sign & Date):