

Student Organization External Fundraising Application

THIS FORM MUST BE SUBMITTED TO THE COMMUNICATION AND MARKETING OFFICE 14 BUSINESS DAYS BEFORE THE PLANNED START OF THE EXTERNAL FUNDRAISING EFFORT.

CONTACT INFORMATION

ORGANIZATION REQUESTING EVENT: _____ CAMPUS: SJ

PRIMARY STUDENT CONTACT NAME*: _____

*The primary student contact is the student assuming the most active role in planning and implementing this event.

PRIMARY STUDENT ROSEMAN EMAIL: _____

PRIMARY STUDENT PHONE: _____

ORGANIZATION ADVISOR NAME: _____

ADVISOR ROSEMAN EMAIL: _____

ADVISOR ROSEMAN PHONE: _____

PROPOSED EXTERNAL FUNDRAISING EVENT

EVENT NAME: _____

EVENT START DATE: _____ END DATE: _____ TIME(S): _____

EVENT DESCRIPTION: Please provide an overview of this fundraising event you are proposing to hold and any funds from any individual or group that are not Roseman faculty, staff, or students. Identify the groups or types of individuals you will be approaching for your fundraising effort and the expected dollar amounts you hope to raise from these groups and/or types of individuals

ADVISOR ACKNOWLEDGEMENT

...I am aware of this fundraising effort and approve the organization's involvement.

Student Organization's Advisor: Printed Name, Signature and Date