

FUNDING SOURCES

University source, college, or department providing funding _____
 Amount \$ _____
 Contact _____
 Phone _____

Do you have other sources of funding? Yes No

If **yes**, specify source, amount, and the name and telephone number of a contact person to verify that funding has been pledged. Note: all sources must be listed or funding will be denied.

If **no**, please provide evidence that you attempted to receive funding from other sources.

OTHER FUNDING SOURCES (if applicable)	ESTIMATED ALLOCATION
Source: _____	\$ _____
Contact: _____	
Phone: _____	
Source: _____	\$ _____
Contact: _____	
Phone: _____	
Source: _____	\$ _____
Contact: _____	
Phone: _____	

Total \$ _____

How much are you able to fund? _____

Where will you secure funding if partially awarded or denied? _____

COST ESTIMATE

COST ESTIMATE ESTIMATED EXPENSES

Registration Fee	\$ _____
Travel (Please fill in individual amounts below)	\$ _____
Plane: _____ Bus: _____ Rental Car: _____ Private Auto: _____	
Lodging (if sharing a room, include only your cost)	\$ _____
Amount per Night: _____ Number of Nights: _____	
Other (Please Specify) _____	\$ _____
Other (Please Specify) _____	\$ _____
Other (Please Specify) _____	\$ _____
Other (Please Specify) _____	\$ _____
Total	\$ _____

Amount Requested \$ _____

QUESTIONS

You may use a separate sheet of paper for the following questions.
(Note: Attaching an abstract may be helpful)

Please include a short description of the nature of the event for which you are requesting funds:

Please describe what your role (and those also attending) will be at the event:

Please describe how this experience will enhance your educational experience:

Please describe how this experience will enhance the educational experience of other SUUSA members:

Please include any other pertinent information that is helpful in understanding your financial need: