

2017-2018 EDUCATIONAL OPPORTUNITY PROGRAM
APPLICATION FOR FUNDING CO-SPONSORSHIP

Please Read Guidelines

Please fill out this form completely. Attach a funding proposal, budget, and any other pertinent information (e.g., fliers for the event, event agenda etc.). Use additional sheets if necessary.

Dear Applicant,

The Educational Opportunity Program (EOP) has a limited amount of funding to assist student organizations in meeting EOP's departmental objectives of servicing income eligible first generation college students.

Criteria necessary to be considered for EOP funding:

- Funding will be awarded for activities which are consistent with the EOP Departmental Mission.
- Group submitting request must be a currently registered campus organization.
- If funding is awarded, the recipient group must provide a brief summary to EOP within two (2) weeks after the event. Failure to do so may mean forfeiture of future EOP co-sponsorship funding for the group.
- Funded activities must be campus-based in nature. (EOP will not provide funding for travel/expenses to/for any conferences/events that are held off campus).
- The following statement must be included in any promotional materials or programs in which sponsors' names are listed: *"Provision for funding by sponsors does not represent endorsement or approval of the event or its content."*
- To assist you in organizing your events, all requests must be completed and received by EOP at least 1 month prior to the date of the event.

Please note: requests are approved on a case by case basis and based on the availability of funds. Approval of funds is not guaranteed.

Attachments

1. Application
2. Evaluation Form (due 2 weeks after event date)

Sincerely,

Educational Opportunity Program

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*Organization: _____ *OSL Acct. #: _____

*Contact Person: _____ *Phone Number: (____) ____ - _____

*E-mail: _____ (please provide Umail) *Date: _____

**(Inability to get a hold of you in case of questions, via email and phone, may jeopardize funding).*

*Name of Event: _____ *Expected Attendance: _____

*Purpose of Event: _____

*Date of Event: ___/___/___ *Time: _____ to _____ *Location: _____ Admission Fee (if any): _____

*Total Estimated Budget: _____ *Total Amount Requested from EOP: _____

**Check will be made Payable To: Organization c/o OSL account → No exceptions*

*If you are requesting funds from other sources, please list them:

Name: _____ Amount: _____ Name: _____ Amount: _____

Name: _____ Amount: _____ Name: _____ Amount: _____

*If you have received confirmation of funding from other sources, please list them below:

Name: _____ Amount: _____ Name: _____ Amount: _____

FOR OFFICE USE ONLY

EOP Coordinator/Counselor Approved Not Approved Amount: \$ _____ Budget Area: _____

Reason for approving or denying request:

Coordinator/Counselor (Print) _____ (Sign): _____ Date: _____

EOP Business officer Available Funds for Budget area: _____ (i.e. CRC, student services, etc)

(Print) _____ (Sign): _____ Date: _____

EOP Director Approved Not Approved

Amount: \$ _____

Reason for approving or denying request:

EOP Director (Print) _____ (Sign): _____ Date: _____

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Organization: _____ Event Name & Date: _____

1. What was the purpose of your event?

2. Did the event meet your goals?

3. Who was your target audience?

a. Number of Participants who attended:

Students _____ Staff _____ Faculty _____ Community _____

4. How would you improve your event in the future?

5. Total amount of funding secured _____

What were your total expenses _____