

Date Submitted: _____



MUSC SGA ALLOCATIONS REQUEST FORM

Student Organization Name: _____

Program/Event Name: _____

Amount Requested from SGA: \$ _____

Student Contact Name: _____

Phone and Email: _____

Faculty Advisor of Student Organization: _____

Date of Program/Event: _____ Time of Program/Event: _____

Location of Program/Event: _____

Is the Program/Event open to all MUSC students? _____ Projected Student Attendance: _____

Do you plan to make this an annual program/event? _____

If so, how do you intend to fund the program/event in future years (ie..make it sustainable)?

Program/Event Description

Please provide a brief summary of your program/event details (please use back for additional space):

