Request for Funding
Logan Student Government

Date of Request: __________________________

Name of Club/Group: ___________________________________________________

Representative of Club/Group: ____________________________________________

Amount Requested: _____________________________________________________

Reason for Request (Proposal may be attached)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Who will be attending (provide list of attendees)

Dates (inclusive dates of activity) __________________________________________

Purpose of activity:

• How does this activity promote or connect to Logan’s mission/values?
• How does this activity enhance the chiropractic profession?
I understand that my club/group is responsible to raise at least 25% of the total cost of the activity. This will be accomplished by:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**Logan Student Government Review**

☐ Accepted ☐ Rejected

If rejected, please state reason:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature, LSG President

Date

**Office of Student Affairs Review**

☐ Accepted ☐ Rejected

If rejected, please state reason:

__________________________________________________________________________________________

Signature, Dean of Students

Date