

LOGAN UNIVERSITY

REQUEST FOR FUNDING

Office of Student Affairs

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 25% of the total cost of the activity. This will be accomplished by:

SDC Review

Accepted Rejected

If rejected, please state reason:

Signature, SDC President

Date

Office of Student Affairs Review

Accepted Rejected

If rejected, please state reason:

Signature, Dean of Student Affairs

Date