

RESIDENCE LIFE AND HOUSING SERVICES PROGRAM PROPOSAL FORM

PROGRAM PROPOSALS ARE DUE AT LEAST 7 DAYS PRIOR TO THE PROGRAM

TODAY'S DATE:				RESIDENCE HALL / COMPLEX:			
STAFF MEMBER NAME(S):							
PROGRAM TITLE:							
DATE OF PROGRAM:				TIME:		LOCATION:	
FACILITATOR NAME (If applicable):							
FACILITATOR ADDRESS / PHONE # (if applicable):							
PLEASE IDENTIFY THE PROGRAM CATEGORY <small>(PLEASE CHECK THE BOX TO THE LEFT OF THE CATEGORY)</small>							
<input type="checkbox"/>	SOCIAL	<input type="checkbox"/>	Wellness Center	<input type="checkbox"/>	Leadership Development	<input type="checkbox"/>	Women's Center
<input type="checkbox"/>	Diversity Initiative	<input type="checkbox"/>	Rammy Spirit Event	<input type="checkbox"/>	SAC Event	<input type="checkbox"/>	Performing Arts
Briefly describe the program / project and how it will be beneficial to residents.							
If you are working with another staff member or group on this program / project, how will each of you contribute?							

PLEASE LIST BELOW THE AMOUNT OF FUNDING REQUESTED & DESCRIBE SUPPLIES NEEDED					
FUNDING SOURCE	<input type="checkbox"/>	PROGRAMMING FUND	<input type="checkbox"/>	C.A.S.H. FUND	
What date would you like the funds and supplies to be available?					
If applicable, to whom should the check be made payable to?					
STAFF MEMBER SIGNATURE:					
RD / GHD SIGNATURE:	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED	