

**UNIVERSITY OF MICHIGAN-FLINT
OFFICE OF INSTITUTIONAL ADVANCEMENT**

STUDENT REQUEST TO SEEK EXTERNAL FUNDING

Student: _____ **Student Club:** _____

Address: _____

City/State/Zip: _____

Telephone (Home): _____ **(Work):** _____

E-mail address: _____

Purpose of Fundraising Activity:

Describe the Fundraiser in detail.

Estimated Project Cost: \$ _____ (Please attach a preliminary budget.)

Will you receive UM-Flint funding? ≤ Yes ≤ No

Identify source(s) and amount(s):

Student Government	\$ _____
Additional Funds/UM-F	\$ _____
Other	\$ _____

Identify all individuals or organization from whom you plan to request funding.

1) _____ 2) _____ 3) _____

Applicant Signature/Date

Faculty/Staff Advisor/Date

Assistant Vice Chancellor for SSEM/Date

**SEND TO: OFFICE OF INSTITUTIONAL ADVANCEMENT, 213 UNIVERSITY
PAVILION**