

Augustana Student Association Community Development Fund

The Augustana Student Association will use this form to evaluate and allocate funds for student activities.

Please be accurate and complete in filling out this application so that a decision can be reached in a timely manner. The ASA Executive Assistant will contact you upon review of the request.

This form must be returned at least two weeks prior to the activity for which funds are requested. Copies of any and all receipts may be requested prior to funding.

Organization Name: _____

Organization Leader: _____

Your Name: _____

Your E-mail Address: _____

Address and Phone Number: _____

Activity Name: _____

Date and Location of Activity: _____

Number of Members Participating: _____

Estimated Number of Non-members Participating: _____

Amount Requesting from ASA toward this Total: _____

Please Break Down Expenses: _____

Please provide a summary of the activity: _____

What will Students and the community gain from the activity?: _____
