



Geisinger
Commonwealth
School of Medicine

Form A

MSC Semester Funding Request Form

Club/Organization Name: _____

Advisor: _____

Treasurer Contact: _____

Email Address/Phone Number: _____

*In order to be considered for funding, your organization must have the following items on electronic files on MSC google drive. These items must be up to date. Please check those items which are currently on electronic file. Please also note funding will be allocated based on the guidelines and fund availability.

_____ Constitution

_____ End of the Year Report

_____ Current list of all officers/members and advisor

_____ Proposed or completed service experience for group

1. Describe your organization's fundraising efforts for the upcoming semester?

2. Describe a local service project for which your members will actively participate in or have already completed. Identify the intended recipients, potential fates and the nature of the activity.

3. Describe the activities/events that the requested funds will be used. Identify the intended audience, participants, etc. Please include the anticipated date scheduled and the nature of the activity.

4. Please provide an itemized list of materials you will need to complete each event listed above.

Event/Activity Name	Items needed	Expected cost of each item	Expected # of Participants	Total Funding Requested

Total Amount Requested: \$ _____

Advisor Signature: _____

Treasurer Signature: _____