| **Applicant Information** |
| --- |
| Club or Department Name | Club Name |
| Rep. Requesting Funds | Name of representative requesting funds. |
| Advisor/Supervisor Name | Advisor name. | Date of Request | Date. |
| Requestor Contact Phone | Contact Phone. | # of Active Student Participants (if applicable) | # of participants. |
| Requester Contact Email | Contact email. |

**Request of Funds** (Please fill out the questions below to the best of your ability).

1. What are the goods, services, and/or equipment being requested?

Click or tap here to enter text.

1. How will these goods, services, and/or equipment benefit LCC?

Click or tap here to enter text.

1. When do you need these goods, services, and/or equipment?

Click or tap here to enter text.

1. Please list all requests in the chart below. Please fill out the entire chart.

| **Good, Service, or Equipment** | **Cost per Unit** | **Quantity** | **Total Cost** |
| --- | --- | --- | --- |
| Click or tap here to enter text. | Cost. | Qty. | Total Cost. |
| Click or tap here to enter text. | Cost. | Qty. | Total Cost. |
| Click or tap here to enter text. | Cost. | Qty. | Total Cost. |
| Click or tap here to enter text. | Cost. | Qty. | Total Cost. |
| Click or tap here to enter text. | Cost. | Qty. | Total Cost. |

**For Club Use Only**

1. What has the club done during this school year or the past year to fundraise money to help with costs?

Click or tap here to enter text.

1. How much money do you currently having in your fundraising budget? If you’re unsure, please contact Paz Clearwater at 442-2443 or pclearwater@lowercolumbia.edu.

Click or tap here to enter text.

**Club Fund Application Submission**

After filling out this application, please return it to the Director or Assistant Director of Student Programs.

**Questions**

If you have any questions, please contact Paz Clearwater, Director of Student Programs at 442-2443 or pclearwater@lowercolumbia.edu.

**Approved By**

**Club Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**ASLCC Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Director of Student Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**