UC Graduate Student Government Group Grant Award Application
683 SSLC – ML 0193 – Ph: (513)556-6101

This is a fill-in PDF document. Please type in ALL details before submitting this form. DO NOT HAND WRITE. Please read all group grant guidelines at http://www.uc.edu/gsga prior to submission.

Name of GSA: _______________________________________________
Name of Department and College: _______________________________
Name of Principal Applicant: ___________________________________
Email: ____________________ Ph No: ______________________
Name and Type of Event Proposed: _____________________________________________________________________
Place of Event, if Applicable: _________________________________
Date and Time of Event, if Applicable: ___________________________
Which deadline are you applying for: ___________________________________________________________________
Has your group been awarded the Group Grant Award for this year? If YES, how much? ______________________
Date your GSA members informed and mode of information: ________________________________________________
Date of your GSA meeting when this event/activity was approved: ___________________________________________
How do you plan to publicize this event?

Expected Attendance - provide a demographic break up of expected audience:

How many grads/UGs; From what dept etc.

Describe your event (attach additional page if necessary):
Does your event have speaker(s)? If Yes, list name(s), credentials and lecture content:

Describe how this event/activity, if sponsored by GSGA, will further graduate education/research:

Please provide a list of ALL expenses in the table provide. Provide as much information about each expense – including details about other sources of funding / sponsorship for the event/activity. Use additional page if necessary.

<table>
<thead>
<tr>
<th>Expense Amount</th>
<th>Expense Detail</th>
<th>Source of Funding / Comments</th>
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</table>
Total Budgeted Amount for the event/activity: ____________________________________________________________

Total amount requested from GSG: ____________________________________________________________________

Total funds available from other sources: _________________________________________________________________

Total funds expected to be raised, if any: _________________________________________________________________

Signature of GSA officers (ALL mandatory)

1. Name____________________________E-mail____________________________Signature____________________________

2. Name____________________________E-mail____________________________Signature____________________________

3. Name____________________________E-mail____________________________Signature____________________________

4. Name____________________________E-mail____________________________Signature____________________________

Advisor’s information and signature required:

Faculty Advisor ___________________________________________________ Phone __________________________

Advisor’s Signature__________________________________________________E-mail _________________________