

CAPSR STUDENT ORGANIZATION GRANT APPLICATION

Today's Date: _____ Please submit 5 copies to CAPSR mail box

Name of Organization: _____

Contact Name: _____ (check made payable to this name)

Address/PSR Box #: _____

Phone: _____ Email: _____

Contact Name 2: _____

Address/PSR Box #: _____

Phone: _____ Email: _____

The purpose / Mission Statement of organization:

How does the organization contribute to the PSR community?

How many PSR students are in the organization? _____

Describe the event or activity you are requesting funds for. Include a breakdown of costs (estimates OK).

Event: _____ Costs: _____ \$ _____

Date/Time: _____ \$ _____

Place: _____ \$ _____

Total Cost: _____

Amount of grant requested from CAPSR (\$200 maximum): _____

By signing below you agree that the above information is correct to the best of your knowledge.

Signature

Date

CAPSR Use Only **Approved:** Yes No Other _____ **Date:** _____
Applicant Notified: via _____ **Date:** _____
Check Request completed: **Date:** _____