

Club Council Collaborative Event

Checklist & SGA Funds Request Form

Your club may be eligible to receive an additional \$100.00 if you host/organize a collaborative event (*funding available for two events, but additional funding may be available*):

By submitting this request, we have met the following qualifications:

- ☐ Hosted/organized an event with three (3) or more clubs (unless your Council consists of only two (2) member clubs)
- ☐ All participating clubs were involved in the planning and participated in the event(s)
- ☐ All club members within the Council had the opportunity to participate
- ☐ Event was advertised as a collaborative event
- ☐ Events was a WesternU Service-Related or Community Service-Related:
WesternU Service-Related: lecture series (minimum of three), workshops, awareness activities, and other university-wide interest activities. Club Day, Extravaganza, and fundraising events benefiting a particular club not eligible.
Community Service-Related: health screenings/fairs, outreach visits, mentorship programs, and fundraising for charity.

Event Name _____ Event Date: _____

Council(s) of: _____

Your Name: _____ E-mail _____@westernu.edu

Name: _____ E-mail _____@westernu.edu

Of representative who, if approved, will present this request by briefly describing the event at a Senate meeting

Clubs involved in the Event (minimum three clubs): All clubs listed must be involved in organizing, and must participate in the actual event.

Club Name	Signature of Club Representative	Fund #

Was the event more successful because you decided to collaborate? ☐ Yes ☐ No Total Amount Requested: \$

Description and Purpose of the Event:

Email completed forms to SGA-ClubCoordinator@westernu.edu and tadros@westernu.edu; they will let you know which senate meeting your representative needs to attend. Due to meeting schedules, requests accepted August 1-April 1 only.

For Office Use Only:		
_____ (Date) Approved by Council	Added to Senate Agenda for:	Budget Transfer Approved by Senate \$50/club
_____ (SGA-Club Coordinator Signature)	_____ (Date)	_____ (SGA Treasurer Signature)
<input type="checkbox"/> Not approved _____ (Reason)		E-mail _____@westernu.edu regarding decision