



Office of
Student Activities

Student Organization Budget Allocation Form

Student organization budget allocation is an **ANNUAL** process with the Office of Student Activities. This process takes place simultaneously with annual student organization registration. Annual requests for budget allocations should be completed by April 30th for funds desired for the next academic year. For a full description regarding student organization policies and regulations, including those related to funding, refer to the Student Organization Handbook, which can be found at www.athenstech.edu/StudentActivities

Student Organization: _____

Student Making Request: _____

Position: _____

Phone: _____ *Email:* _____

Additional Officer Name: _____

Position: _____

Phone: _____ *Email:* _____

Advisor Name: _____

Phone: _____ *Email:* _____

Does this organization have any state, national, or international affiliations?

If so, please provide the following:

Organization: _____

Website: _____

Dues (if applicable) _____:

Please attach a current year's budget, including funding received and earned, as well as how those funds have been expended to date.

Additionally, as part of this request, organizations must provide the specific dollar amount that is being requested for the upcoming year along with a preliminary budget for how those funds will be used, including the specific activities for which funds will be used and a dollar amount associated with each item.

Amount of funding requested: _____

Amount of funds currently in your allocation account: _____

Amount of funds currently in your fundraising account: _____

By signing this document, you are agreeing to follow the policies associated with this event as outlined in the Student Organization Handbook.

Student Organization: _____

Student Representative Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

To be completed by the Office of Student Activities.

Amount of allocation granted: _____

Signature of the Director of Student Activities: _____

Date: _____

Signature of ATSAC Officer: _____

Date: _____