



## **Fundraising Application for Student Organizations**

Please fill out form and turn in hardcopy to the **Student Involvement Office** located in room 109 of the Student Union OR email completed version to joshua.steger@mail.wvu.edu

Name of Organization:	Date Submitted:	
Name of Event:	Date & Time:	
Location of Event:		
Description of Event (include its	ems to be sold, price of admission, etc.):	
Purpose of Fundraising Activit	y (what are funds going towards?)	
Where will funds go once colle		
	Account #: Phone # for Charity:	
·	administer and account for the funds generated in this eve	
Name (printed)	Signature Date	
President	Advisor	
Name:		
Email:		
Phone:		
Signature:	-	
Date:	Date:	
for sale of certain items. Student of	ement and the Office of Student Experience reserves the right to denorganizations are required to engage in responsible social conduct the sity community and to model good citizenship in any community.	
Office Use Only: Date Applica	ation Received:Date of SIO Approval:	

Date of Dean of Student Experience Approval: