



Diversity Grant Funding Request

Name of Organization: _____

Faculty Advisor: _____

Total Amount Requested: _____

Name of Event: _____

Date of Event: _____

Please note: SGA cannot fund past expenditures

Expected Attendance: _____

Description of Event: _____

< You Must Include an Itemized Budget >

Date Submitted: _____

Contact Person: _____

Contact E-Mail: _____

Contact Phone: _____

Sponsoring
Senator Signature: _____

Senate Use only
<input type="checkbox"/> Passed
<input type="checkbox"/> Failed
Date: _____

In what way will this event promote awareness of Diversity?

Is this event accessible to the entire University community? Yes No

Which of the following general concepts of diversity does this event bring awareness to? Check all that apply.

<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Religion	<input type="checkbox"/> Socio-Economic Status	<input type="checkbox"/> Gender
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Political Ideology	<input type="checkbox"/> Multiculturalism	
	<input type="checkbox"/> Other _____			