

Date Received: _____

College of Medicine Student Club and Organization Funding Request Form

Student/Club Information

Program (*please circle one*): MD MPH

Name of Organization (*no abbreviations*): _____

Name of President/Member: _____

Phone: _____ Email: _____

Advisor's Name: _____ Phone/Email: _____

Event Information

Name of Event: _____

Date of Event: _____ Event Location: _____

What is the purpose of this event? What impact do you think it will have on those attending? _____

How does this event reflect the mission/vision of the Medical Alumni Foundation? _____

Who will be attending? *Estimate the number of attendees and who those participants will be (medical students, students from other programs, community members, faculty, etc.).*

Projected total cost of event: _____

Other funding sources and amounts. *Include funds confirmed, expected and those that were denied. If denied funding, please include a short reason why.*

Breakdown of above total expenses. *Provide an explanation of what the funds from our office would be used for. Attach any budget spreadsheets or documentation with proof of expenses such as quotes and contracts.*

What is your advertising plan? *Attach examples, if already developed. Note that you will be expected to include the Medical Alumni Foundation as a sponsor and include our logo in your advertising plan.*

Amount Requested (*max \$500*): _____ **Date:** _____

Check Payable to: _____ **Account Name/No.:** _____

Student Signature: _____

I acknowledge that I have submitted all documentation to the Medical Alumni Foundation regarding my submission and any other sources of funding I have received for this request. I understand that officials will be contacted to confirm my request and that approval of my request is subject to the Executive Director or the Executive and Finance/Audit Committees. Submission of this request and required documentation does not guarantee approval.

See Page 3 for additional information about funding requests.

Requests should be submitted to: Ellen Edgerton, Medical Alumni Foundation, Setnor Academic Bldg #1510
Email: edgertoe@upstate.edu
Fax: (315) 464-4360

Office Use

Approved Amount: \$ _____	Authorization Signature: _____	Date: _____
Check Number: _____	Paid By: _____	Date: _____

Additional Information about Funding Requests

Current College of Medicine students from Upstate Medical University can apply to receive funding for events hosted by that student organization or club. The Medical Alumni office wishes to enhance student life and experiences through events and programs and will offer up to \$500 to assist with associated expenses. Events must be legitimate, thoughtfully planned and in-line with the Medical Alumni Foundation's mission and values, described as promoting the interests and improving the effectiveness of the College of Medicine, fostering fellowship among alumni, recruiting of students and providing opportunities to network for both students and alumni.

All requests are subject to the approval of the Executive Director or the Executive and Finance/Audit Committees of the Medical Alumni Board of Directors. The Medical Alumni Foundation reserves the right to partially fund or deny funding to the student organization based on the application submitted.

Funding Guidelines

- The student organization must be a recognized and registered group at Upstate Medical University and be listed on the Campus Activities Student Organizations Listing via the Upstate website.
- The student organization must have a faculty advisor and be in good standing with Upstate officials. Any club or organization on probation will not be eligible to receive funding.
- The funding request cannot exceed \$500.
- Each student organization can only submit one request per academic year.
- The proposed event must be open to the Upstate Medical University community within its entirety, especially to medical students and affiliates. Events must be open to students without regard to age, color, disability, ethnicity, gender, marital status, national origin, race, religion, sexual orientation, or veteran status.
- Events must have an academic or educational component, either generally healthcare related or focused on a specialty. Requests will not be accepted for events focused on political or social purposes.
- Events must appeal to the student body, be held at or near campus and be accessible.
- Any advertising, invitations, brochures or other marketing materials must state that the event is being sponsored, or sponsored in part by the Medical Alumni Foundation and that the event is open to all to attend. It is also recommended that the Medical Alumni Foundation logo be included on these publications. Students can request a copy of the logo by contacting the Medical Alumni Office.
- Student organizations should be able to explain other funding sources and its allocations, or why they have been unable to receive funding.
- Funding received cannot be used for:
 - Salaries or wages of individuals participating in the event.
 - Gift cards.
 - Donations.
 - Cash awards, or awards that can be easily converted to cash.
 - Honoraria to faculty, staff, or other students for presenting programs for student activities.
 - Personal subscriptions, personal memberships or group memberships.
 - Alcoholic beverages, any illegal substance/paraphernalia or for events held off campus where the service of alcohol is the primary purpose of the establishment.
 - Contributions or expenditures in connection with any political campaign.
 - Direct or indirect support of litigation against the University.

Application

Each request must be submitted in writing to the Medical Alumni Foundation. Student organizations are required to submit:

- A completed and signed "College of Medicine Student Club and Organization Funding Request Form".
- Examples of advertisement.
- Explanation of funding from other sources or reasons why funding has been denied elsewhere.
- Breakdown of budget and expenses with proof of allocation of funds requested (quotes and/or receipt of items already purchased).
- Description of how the event coincides with the mission/vision of the Medical Alumni Foundation.

Deadlines

Club and organization requests will be reviewed and approved semi-annually.

- Requests received by January 1 will be reviewed for events occurring between February 1 and August 31.
- Requests received by August 1 will be reviewed for events occurring between September 1 and January 31

Student Club and Organization Funding Request Form
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