CHADRON STATE COLLEGE
*Student Senate*

Chadron State College
Chadron, NE 69337

# Fundraising Seed Money Request

(Must be completed at least two (2) academic months prior to the event)

Today's Date:_____

Name of fundraising event:_____

Student Organization Name:_____

Contact Person:_____

Phone Number:_____Email:_____

Where will the fundraiser be held?_____

What is the fundraiser? _____

Date of fundraiser:_____

Purpose of fundraiser:_____

## Fundraising Event Itemized Budget Request

Explanation and cost:

Please complete this section as thoroughly as possible. If more space is needed, please adjust the list accordingly.

1.
    a.
    b.
2.
    a.
    b.
3.
    a.
    b.
4.
    a.
    b.
5.
    a.
    b.

**Total request $_____**

_____ _____

Megan Northrup, Student Activities Director Chadron State Student Government Representative

_____ _____

Date Date

This form is to be used to request seed money from the Student Activity Fee Fund for your organization's fundraiser. This form must be filled out in conjunction with the Chadron State College Foundation fundraising form. Student government reserves the right to approve or deny funding. Adopted:

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# Post-Fundraiser Report

(Must be completed within one month of the date of the fundraiser)

Today's Date:_____

Name of fundraising event:_____

Student Organization Name:_____

Contact Person:_____

Phone Number:_____Email:_____

Where was the fundraiser held?_____

What was fundraiser? _____

Date of fundraiser:_____

Number of participants:_____

Of which how many were students?_____

Cost to participant:_____

Total amount raised:_____

Cost to club per participant:_____

Total cost to club:_____

Amount to be repaid to the Student Activity Fee Fund:_____

If all CSC students were able to attend for free total the cost of students here:_____

Final amount to be repaid to the Student Activity Fund Fee:_____

**Comments:**

*By signing below, the student organization president, treasurer, and advisor acknowledge that this post-fundraiser report is 100% accurate. Any discrepancies found in this report may result in a deduction of funds, suspension of funds, or deactivation of the student organization.*

X _____ X _____ X _____

Student Organization President | Student Organization Treasurer | Student Organization Advisor

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Adopted: