

## GRADUATE STUDENT ASSOCIATION ADMINISTRATION BUILDING, ROOM 301 PHONE: 410-704-3967

## **GROUP FUNDING REQUEST FORM**

Contact Name:Contact E-Mail Address:Contact Phone Number:  NEED/BACKGROUND  Describe the purpose for the funding request. Explain how the funds will contribute to the professional development and education of the students in the group a manner consistent with the purpose of graduate education at Towson University.	Student Group:	
Contact E-Mail Address:  Contact Phone Number:  NEED/BACKGROUND  Describe the purpose for the funding request. Explain how the funds will contribute to the professional development and education of the students in the group a manner consistent with the purpose of graduate education at Towson University.  Provide an estimated itemized budget for the funds.  Item Expected Cost	Contact Name:	<del></del>
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TOTAL \$	Item	Expected Cost
TOTAL \$		
	TOTAL	\$

<sup>\*</sup>Please attach a separate list of current members, including TU emails

<sup>\*</sup>Attach any additional documentation to this form. If more lines are needed, please add.

*If you received funding for the previous fiscal summary of how those funds were allocated. In application	
Graduate Student Group Signature	Office of Position within the Student Group
Student Group Advisor Approval:	
Туре	d Name Signature
\$	
Graduate Student Association Approved Amou	nt Graduate Student Association Signature
Graduate Studies Dean Signature	Second Authorized Signature