SIMON FRASER UNIVERSITY
FACULTY OF APPLIED SCIENCES

Funding Request Form – 2012 Student Activities/Events

Name of Student Group/Organization: _____

Contact Person: _____ Email: _____

Amount of funding available:
from School of Computing Science/Engineering Science _____ from other sources _____
(if no funding available, please list N/A and have Director sign off below)

School Director's signature _____

Activity Title	Date/s	Location	Target Audience	Brief Description/Rationale (more detailed descriptions can be attached)	Funding Requested