

Student Activities Seed Money Application

Date:	
Initials:_	

Organization Name:				
Organization Account Number:				
Contacts/Advisors	Name	Email	Phone Number	
Organization President:				
Organization Advisor:				
is recommended that a portion other promotional material noney will be used.				
resident Signature:			-	
dvisor Signature:	e considered unless sigr		ent and Advisor.	