Kansas State University
Student Governing Association
Student Centered Tuition Enhancement Application

Please type application
***Please submit original and fifteen copies for the committee. ***
Return competed application to the Office of Student Activities and Services,
809 K-State Union, Ground Floor by Friday, December 4, 2009, no later than 4:00 P.M.

Title of Proposal: _____

_____

Dept. /Unit Requesting Funds _____

Contact Person/Title _____

Contact Address _____ Phone _____

E-mail Address _____

Amount of Request _____

Explain any current or potential future sources of funding:

_____
_____
_____
_____

History of Student Centered Tuition Enhancement funding of proposal {list year and amount(s)}:

_____
_____
_____
_____

Number of Students Benefitted: Directly_____ Indirectly_____

Please include an additional page which details exactly how the proposal funds will be allocated.

Criteria for awarding funds: _____

_____
_____
_____

IMPORTANT–Since there may be no opportunity for you to address the committee, please attach documentation for your request if necessary. Proposal text and supporting documentation must not exceed five typed pages. Please allow one-inch left margins for binding purposes. *Please submit original and ten copies for the committee.*

****All applications are due in the Office of Student Activities and Services no later than the Friday, December 4, 2009, by 4:00 p.m. Applications received after this date will not be considered regardless of delays caused by campus mail or the U.S. Postal Service. A valid receipt, issued by an OSAS staff member, will serve as proof of submission.**

FOR OFFICE USE ONLY

☐ Approved: Amount _____ Date Received _____
☐ Disapproved Receipt Number_____