Student Organization Advising and Resources Office (SOAR)

**Funding Award to a Student Organization**

**Student Organizations:** When you are awarded funding by a college or department, have them complete this form.

**Department or College Awarding Funding:** Please use this form when you award funding to a student organization. Forward this form to SOAR via Campus mail or faxed to 459-5729 but not both. Use of this form will initiate the transfer.

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**For Student Representative use:**

Registered Student Organization Receiving Funds: ________________________________

Student Representative ___________________ Email ___________________ Phone ______

Program Title ____________________________

Proposed date of event ___________________

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**If restricted use please specify:**

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*If funds are not used for purpose requested do you want the funds returned? yes [ ] no [ ]

Amount of Award $ ______________________

College/Unit Awarding Funds ___________________________ Phone __________________

Dept./College Fiscal Contact ___________________________ Phone __________________

Authorizing Signature ___________________________ Date __________________

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**Fund** | **Organization** | **Account** | **Program** | **Activity** | **Amount**
---|---|---|---|---|---
Debit | | | | |
Credit | | | | |

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SOAR Adviser