

Residence Hall Association Programming Fund Request for Funds

Hall/Apartment Council: _____

Title of event funds are for: _____

Date of event: _____ Time of event: _____

Location of event: _____

Contact Person _____ Contact Telephone Number _____

Is the event open to all residents campus wide? Y or N

Total Amount of Money Requested: \$ _____

What will the money from RHA programming be spent on? _____

Do you want to make use of the Ukrop's Card? Y or N

(If so, you must make arrangements with your Area Director or the RHA Advisor.)

Do you need volunteers from RHA to assist? Y or N

If so, how many and what will they be doing?

RHA Officer:

Signature: _____ Date voted on: _____

Total Money: \$ _____ Approved Not Approved

Number of volunteers assisting _____

Name(s) of volunteers _____
