SIUE Alumni Association Affinity Group Support Request Form (Forms should be submitted a MINIMUM of 60 days prior to event)

Once completed, email to Cathy Taylor at cattayl@siue.edu or mail to SIUE Campus Box 1031. Call (618) 650-5176 with questions.

Requests will be reviewed quarterly by the Alumni Association.

Name of Affinity Group:		
Contact Person:	Email:	
Date of Request:	Date of Event/Program:	
Event/Program Name:		
-	rogram and need (funding, swag, volunteers etc.). Please be requesting board participation or volunteers, please incluere etc.).	
How does this event/program	n support the mission, vision and values of your affinity gro	oup?
What is the target audience a	and anticipated attendance of this event/program?	
How will this event/program	be advertised or promoted?	
Will you work with the Alumn event/program? If no, please	i Association regarding the registration process for this explain.	
Please provide a detailed but documentation if needed.	dget of all expenses for this event/program. Attach addition	nal

Each year, affinity groups are able to request up to \$5,000 per fiscal year during their first two years of existence and up to \$2,000 in subsequent years. What is the amount of funding you are requesting from the Alumni Association for this event/program?		
Are you seeking additional funding source	es for this event/program? If yes, please explain:	
Approval – to be comple	eted by SIUE Alumni Association	
Approved Funding Amount:	Date:	
Affinity Group Fund #:		
Authorized SIUE Alumni Association Sign	ature:	