

PLFSOM MEDICAL STUDENT COUNCIL BUDGET AND FINANCE
COMMITTEE

Student Organization/Specialty Club Class Discretionary Fund Request Form – 2017-18

DEADLINE – 15 Days Prior to Need for Funds

1. Organization/specialty club name: _____

2. Have you renewed your organization's/specialty club's

A. Registration for 2017-18 with Student Services? Yes No

3. Affiliation: Local State National

4. Treasurer name & contact information: _____

5. Amount of funds requested: \$_____. Please attach detailed budget of use of funds.

6. What will the funds be used for?

7. How will this benefit your organization, its members, and TTUHSC El Paso?

8. Why was this expense not included in your original application?

President's Signature

Treasurer's Signature

Reserved for MSC treasurer's use: