



EAST TENNESSEE STATE UNIVERSITY
STUDENT GOVERNMENT ASSOCIATION

ON CAMPUS BUC FUND APPLICATION

Organization: _____ Advisor: _____
Event Coordinator: _____ Phone Number: _____
(Must be a Student)

EVENT INFORMATION

Event Name: _____ Date of Event: _____

How many students do you expect to attend? _____ Location: _____

Describe your event: _____

How many students do you expect this event to affect? _____

Describe how this event will impact these students: _____

Will the act/artist/speaker be doing any additional duties like speaking to classes? If so, please list:

EVENT FUNDING INFORMATION

Total Cost of Event: _____

Total Amount Provided from the Organization (if any): - _____

Total Amount Provided from a University Department (if any): - _____

- Department Name: _____

Total Amount Acquired from Fundraising for Event (if any): - _____

Total Amount Requested from BUC Fund: _____

BUDGET (Required)

Event Expenses

- Speaker/Artist/Act Fee _____
 - Travel Expenses (if separate) _____
 - Hotel/Accommodations Fees (if separate) _____
- Equipment _____
- Prizes/Giveaways _____
 - If so, explain: _____
- Other: _____
 - If so, explain: _____

SUBTOTAL: _____

Food Expenses

- Food for Speaker/Artist/Act _____
- Food for Event Participants _____
 - If so, explain: _____
- Other: _____
 - If so, explain: _____

SUBTOTAL: _____

Advertising Expenses

- Newspaper Advertisements _____
- Flyers _____
- Other _____
 - If so, explain: _____

SUBTOTAL: _____

TOTAL COST: _____

****REMINDER:** All advertisements must have the SGA Logo, the University's Equal Access Clause, and the ETSU SGA Disclaimer on them in some fashion. These items are listed in the Terms and Conditions at the end of this document.**



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On Campus Contract Initiation Form

CONTACT INFORMATION

Contact Person: _____ Organization/Dept.: _____
Cell Phone: _____ Other Phone: _____
Campus Box: _____ Email: _____

EVENT INFORMATION

Act/Artist/Speaker Name: _____
SSN or Federal ID #: _____ Fee Amount: _____
Mailing Address: _____

Email Address: _____ Phone Number: _____
Fax Number: _____
U.S. Citizen: Yes OR No
ETSU Employee: Yes OR No
Topic of Event: _____ Location of Event: _____
Date(s) of Event: _____ Time of Event: _____

Current Registered Student Organization Verification Statement

I hereby certify that the above organization(s) is (are) a duly registered student organization and in good standing at East Tennessee State University and are therefore eligible to request BUC Funding from the Student Government Association of East Tennessee State University.

Student Organization Resource Center

Date