Application
For
University Funding
of
Student Initiated/Managed 2016 Graduation Celebration
(Note: Do no alter this form)

I. General Information

A limited amount of funding is available to assist registered campus organizations in their efforts to acknowledge and celebrate the achievements of the many UCLA students receiving degrees this academic year. It is intended to assist with a portion of the expenses of programs that are wholly initiated and managed by students.

- Eligibility

Only Registered Campus Organizations may apply for funding.

To be eligible for funding, programs must:
- take place on campus;
- be scheduled for Thursday – Sunday of Commencement weekend;
- be scheduled such that they do not conflict with any official campus commencement ceremony at which degrees are conferred;
- be open to all interested degree recipients, regardless of school, degree, or major, without an admission fee;
- demonstrate clear goals and thorough planning; and
- adhere to University policies, campus regulations, and established procedures.

- Application Procedures

All requests must be made using this application form.

The form must be filled out completely, with all required signatures provided, and all requested materials attached (e.g., cost estimates from service providers).

The deadline to file an application for funding is FRIDAY, MAY 27, 2016. Applications must be submitted to the Office of the Dean of Students, 1104 Murphy Hall. Notification of funding decisions will be sent to the contact person’s e-mail address as provided on the completed form on or about June 7, 2016.

Questions regarding the application process or allocation procedures should be directed to Assoc. dean of Students Debra Geller by email at dgeller@saonet.ucla.edu.
II. Information about Requesting Registered Organization

Organization Name: ________________________________

SOLE Advisor: ________________________________
(Print Name)

(Signature)

Contact Person (Must be listed as an Authorized Representative of Organization on the group’s registration card on file in the Student Organizations, Leadership, and Engagement office). [NOTE: This individual will receive notification of funding decisions by e-mail.]

Student Name: ________________________________
(Print Name)

E-Mail Address: ________________________________

By signing below, I attest that our organization will adhere to the following Non-discrimination statement:

Non-discrimination statement:
☒ This organization, in accordance with applicable Federal and State law and University policy, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services. This organization also prohibits sexual harassment.

________________________________________
(Signature of authorized representative of organization)

III. Program Overview

Event Name: ________________________________

Date: ________________________________

Time: ________________________________

Location/Facility: ________________________________
Participants & Audience:

- **Degree Recipients**
  - Estimated # of undergraduates: ______________________
  - Estimated # of grad/professional students: ______________________

- **Audience**
  - Expected # of UCLA students: ______________________
  - Expected # of UCLA faculty/staff: ______________________
  - Expected # of family/community members: ______________________

**Program’s Purpose and Goals:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Description of proposed program and activities:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Scope and nature of student involvement in design, planning and implementation of proposed program and activities:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Ways in which your program is likely to advance University goals and interests:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please describe your organization’s experience staging similar programs in recent years (if applicable):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Relationship of proposed program to other activities your organization has conducted throughout the year (if applicable):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
## IV. PROGRAM BUDGET

### Expenses

(List ALL program expenses, and attach copies of estimates/invoices from all service providers)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities/Venue Costs (including Logistical/Technical Support &amp; Event Management Staff)</td>
<td></td>
</tr>
<tr>
<td>Billed through campus service providers (i.e., University Events Office) (attach estimates)</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Campus Splits charges, billed through UEO (attach UEO estimate)</td>
<td></td>
</tr>
<tr>
<td>On-campus Advertising (Daily Bruin/ other Student media)</td>
<td></td>
</tr>
<tr>
<td>Publicity and Graphic Services</td>
<td></td>
</tr>
<tr>
<td>Disposable Supplies</td>
<td></td>
</tr>
<tr>
<td>Food/Meal Services</td>
<td></td>
</tr>
<tr>
<td>Honoraria, Performance Fees, and Travel/Lodging</td>
<td></td>
</tr>
<tr>
<td>Other* (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other* (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL PROJECTED EXPENSES:**

* University funding may not be used to purchase gifts or other personal items.

### Funding

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization’s Contribution from fund-raising:</td>
<td></td>
</tr>
<tr>
<td>Student Government/ASUCLA:</td>
<td></td>
</tr>
<tr>
<td>University Departments (List):</td>
<td></td>
</tr>
<tr>
<td>In-kind Sponsorships (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
</tbody>
</table>

**Total Confirmed Funding:**

<table>
<thead>
<tr>
<th>Pending</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization’s Contribution from fund-raising:</td>
<td></td>
</tr>
<tr>
<td>Student Government/ASUCLA:</td>
<td></td>
</tr>
<tr>
<td>University Departments (List):</td>
<td></td>
</tr>
<tr>
<td>In-kind Sponsorships (Describe):</td>
<td></td>
</tr>
<tr>
<td>Other (Describe):</td>
<td></td>
</tr>
<tr>
<td>Student Government/ASUCLA:</td>
<td></td>
</tr>
</tbody>
</table>

**Total Pending Funding:**

**TOTAL FUNDING CONFIRMED AND/OR PENDING:**

(FOR DOS USE ONLY)

| Received: _________________________________ | Program Award: $_______ |
| By: ____________________________ | Splits Award: $_______ |
| Applicant Notified: _________________________ | |
| By: ________________________________ | |

---

5