



**EDMONDS COMMUNITY COLLEGE  
ASSOCIATED  
STUDENTS**

**Fund Request Form**

Date of Proposal: \_\_\_\_\_

Requested By: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)

Phone#: \_\_\_\_\_

Requestor's Email: \_\_\_\_\_

Are you a:  Student Representative  Faculty  Staff  Student Staff

Department: \_\_\_\_\_

Total Amount Being Requested (\$): \_\_\_\_\_

Purpose:  Event  Conference  Others \_\_\_\_\_

Event or Program/Conference/Equipment Title: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

1. Summary of the item, program or service proposed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please describe any efforts to obtain funding outside of ASEDCC student government:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The estimated number of students that will benefit from this proposal: \_\_\_\_\_.

4. Please describe how your program will benefit students:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

