



Rosalind Franklin University of Medicine and Science
 Executive Student Council
 3333 Green Bay Road Box 494
 North Chicago, IL 60064
 Phone: (847) 578-3000 ext. 7175
 Fax: (847) 775-6559 ATTN:ESC
 http://www.rfumsec.org



Request for All-School Event Funding

Date: ____/____/____

Event Name _____

Sponsoring Class/Organization _____

Account Number: 62-00-_____-904102

Event Contact Person:

Name _____ Phone _____

E-mail _____

Amount Requested _____

Event Description – Please include the purpose of the event and the how the event applies to and benefits to the University Community (Be Specific - You may attach another sheet if necessary)

Description of All-School Involvement - Please include how members from all colleges within the University are being included in the leadership, planning, design, and implementation of the event (Be Specific - You may attach another sheet if necessary)

Please attach a copy of the proposed budget for the event. Be specific and please include other projected sources of funding.

Will this be a recurring expense next year? Yes / No

Application Checklist:

- Complete application and sign on page 2
- Attach a copy of the event's budget
- Contact the ESC Vice President (ESCVP@rosalindfranklin.edu) no later than 11:59 on the night prior to the ESC meeting and request to be placed under New Business to present your request to the Executive Student Council
- Submit application to the Executive Student Council President by Monday of the week previous to the Executive Student Council Meeting where the request will be presented to the entire Council.

Executive Student Council Request for All-School Event Funding – Page 2

I confirm that all of the above information is correct.

Signature _____ Date _____

If approved for funding, monthly progress reports must be made at ESC meetings and an event summary must be given at the ESC meeting following the event.

Applications must be received by the Monday of the week previous to the Executive Student Council Meeting where the request will be presented. Completed applications may be sent electronically to ESCPresident@rosalindfranklin.edu or a paper copy may be placed under the door of the ESC Office (G.671). Completed applications may also be mailed to ESC, but please leave extra time for mailed items as no exceptions will be made for mailed items received after the deadline. All applicable documents may also be submitted in electronic or paper format.

Please refer to the Request for Additional Funds Policy on the ESC website (www.rfumsesc.org) for complete information regarding all-school event funding requests.

Student Dean Use Only

Date Received by ESC: _____

Assigned Student Dean Reviewer: _____

- Contacted Event Contact Person
- Contacted and received recommendation from ESC Treasurer

Date presented to Student Dean Cabinet: _____

Outcome:

- Approved – Amount \$ _____
- Denied
- Postpone to future month
- Request more information

If postponed to future month, date reviewed by Student Dean Cabinet: _____

Outcome:

- Approved
- Denied
- Other: _____

Application Status

- Complete

Approved by (signature) _____ Date _____

ESC Use Only

Date of Issue _____ Requisition Number _____ Amount \$ _____

Transfer from:

<u>Account Name</u>	<u>Account Number</u>	<u>Amount</u>
Executive Student Council Reserve	62-00-947501-904102	_____
_____	_____	_____

Transfer to:

<u>Account Name</u>	<u>Account Number</u>	<u>Amount</u>
_____	62-00-_____ -904102	_____