

Central Georgia Technical College
 3300 Macon Tech Drive
 Macon, GA 31206
 (478) 757-3400 • Fax: (478) 757-3448



STUDENT ACTIVITIES FUND WITHDRAWAL REQUEST

Any Central Georgia Technical College organization faculty member or staff may make an application and be given consideration for funding for a specific activity. Applications should be made two weeks in advance of the date of the expected activity.

Organization Name			
Applicant Name			
Mailing Address			
Phone Number		E-mail Address	

Amount of request (total): \$ _____

Attach a statement explaining:

- 1) How funds will be used
- 2) Other sources of funding that were utilized/approached
- 3) How receiving funds will affect your goal or objective.

yes no Attached is an estimate or bill, or copy of bill from the vendor for the activity that I'm requesting assistance. **(ESTIMATE MUST BE ATTACHED FOR CONSIDERATION)**

Vendor Name			
Vendor Mailing Address			
Vendor Phone Number		Vendor Contact Name	

FOR COMMITTEE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved <input type="checkbox"/> Partially approved
If approved or partially approved, amount granted: \$ _____	

Have you received prior support from CGTC's SGA? yes no

If yes, please explain? _____

In regards to funding for the emergency, have you contacted:

Other agencies? yes no

What were the reasons for **denial** from this or other programs?

The information contained within this funding application is true to the best of my knowledge. We have exhausted all other means of financial support. The SGA committee has my permission to inquire further into the organization's need for financial assistance.

ORGANIZATION ADVISOR SIGNATURE

DATE

THIS SECTION TO BE COMPLETED BY THE SGA ORGANIZATION FUNDING COMMITTEE

STUDENT ACTIVITY SPECIALIST

DATE

VICE PRESIDENT, STUDENT SERVICES

DATE

CGTC PRESIDENT

DATE

The approved application was forwarded to the CGTC VPSS

DATE

The organization was notified of the approval denial of the requested amount.

ORGANIZATION WAS NOTIFIED BY:

VPSS or Student Activity Specialist

DATE