



St. Cloud Technical and Community College
Fund Raising Proposal

Student Organization _____

Advisor _____

Name of Project _____

Description _____

Date(s) _____

Budget/Resources _____

Expected Net Funds \$ _____

Number of students involved _____

Purpose/Use for Funds _____

Date Submitted: _____

Persons Making Request

Advisor

1. _____

2. _____

Date Received _____

3. _____

4. _____

Director of Student Life and Athletics

Comments: _____

