



Savannah State University

SOAR REQUEST FOR FUNDING REQUIREMENTS

Organizations not funded by student activity fees may request funds to assist with certain events or programs. The organization must be registered with the **Department of Student Life** and present a program that satisfies the following requirements.

1. The program must be of general benefit to the student body and participation in the program must be open to all students.
2. The program must fit into one of the following categories
 - Work to unify the campus community
 - Cultivate student leadership
 - Contribute to retention efforts
 - Complement academic programs
 - Promote individual and group self-worth and dignity
 - Promote moral and school spirit
3. The program must have sufficient value to warrant its funding when compared to other programs offered at the University.
4. The program should promote the University's mission of providing services and experience that foster a more enriched collegiate environment.

Organizations must submit and present their proposal to the **Student Organizations and Activities Resource (SOAR)** committee before funds are allocated. The **SOAR** committee is composed of 10 students, faculty and staff from a cross population of university community. A **MAJORITY VOTE** (*more than half*) from board members present during presentations is needed in order to receive approval. If an organization's request satisfies the above requirements, then the **SOAR** committee may recommend approval. Of course, the committee and the **Department of Student Life** reserve the right to review any organization to ensure that they are providing services listed in the requirements stated.

Because the **SOAR** meets twice a month, all proposals must be submitted in a timely manner to allow ample time for hearings and allocations. Organizations may also request start-up funds for fund-raisers. However, the organizations must sign an agreement to repay

FACE SHEET

STUDENT ORGANIZATION & ACTIVITIES RESOURCE COMMITTEE REQUEST FOR FUNDING

Activity or Event _____

Name of Organization _____

Contact Person/Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

President Signature

Date

Advisor Signature

Date

Program Summary Sheet

Program Title: _____

Date and Location of Program: _____

Projected Number of Students Served: _____

Requested Amount: _____

I. **Program Summary:**

A. **Purpose**

(Make sure to include goals and objective along with expected outcome of this program.)

B. **Briefly describe how the program will be implemented**

II. Budget

A. Please give the itemized budget for the program. List specific materials and expenses. Document any in-kind contributions. Please attach a separate sheet for the budget

B. Will participants be required to pay any type of fees? If so, how much?

C. Are there other potential sources of funding for this program? If so, how much and from whom?