

1. Program Title	9	*********	art same				N. SERVICE COMMO			-	
	Le	eaders	s in F	resh	mer	i Eng	jine	erin	g		
2. Student Orga	nizati	on Nan	ne		C-150-317				-		in the state of the second

				Associated Engineering Student E	3ody				
3. Indicate the period(s) in whi	ch the program will ta	ke place		4. Estimated Attendance					
X July 1 through Nov	, -	December 1 through F	Sehruany 28 V	March 1 through June 30 50					
4. Where will the program be h	Name and Address of the Owner, where the Owner, who	December 1 throught	editidary 20 X	water i unough dulle do	30				
promonent	paramag			Enversacional Indicators	andrewig				
Student Union	Soroptimist H	ouse P	erforming Arts Center	er* The Pyramid* X	Other COE				
*If requesting a waiver of rental fees for the		-							
5. What type of program is this	s? Please select from	the drop-down list pro	ovided. Worksh	ор					
				Then provide a brief description of the program in the text borble, indicate the number of years the program has been in ex					
as possible in the space provided. Refer to				ble, indicate the number of years the program has been in ex	isterice. Provide as much detail				
This program is New	X Recurring								
Lancard Control of the Control of th	Recommend of the second of the				The state of the s				
				ram whose aim is to introduc					
freshmen to the Co	oE and to devel	op them as lead	ders. In collab	oration with SLD and the RRC	, we take				
the freshmen thro	ugh the Leaders	ship Academy. I	Furthermore,	we offer each freshmen a me	ntor to help				
guide them with a	ny academic or	personal challe	nges.						

7. Indicate the proposed budget for				8. Indicate the sources and amounts of all f	unds your organization				
Column A. In Column B show the p fundraising. Column C will calcu				will be raising for this event or activity. The here must equal the total of Column B unde					
requesting from the Associated Sterm "OFF" will appear to the right.		ceeds the Maximum Allo	wable Subsidy, the	error message will appear.					
				Source of Funds from Column B	Amount				
	(A) Total Program	(B) Other Sources	(C) Amount		Amount				
Expense Category	Cost	of Funds	Requested*	Admission Charges/Ticket Sales					
Flyers			\$0 \$0	Membership Dues					
Newspaper Ads			\$0 \$0	Office of the President/Vice Pres					
Posters	6100	\$00	\$0 \$10	Academic Department or College					
Printed Materials	\$100			49er Shops, Incorporated					
Program Supplies	\$300	\$110	\$190	Instructionally Related Activities					
Group Travel**			\$0 \$0	Donations	\$200				
Conference Fees			\$0 \$0	Other TOTAL	\$200				
Equipment Rental			\$0 \$0	TOTAL	Ψ200				
Facility Rental				*If the total amount requested from ASI meet	ts or exceeds \$3,000 you				
Honoraria/Service Contracts			\$0 \$0	MUST also complete a Major Program budge					
Equipment Purchase			\$0 \$0	**You MUST complete a Travel Estimate wo	rksheet if requesting funds				
Repairs & Maintenance	\$400	\$200	\$200	for Group Travel					
Subtotals Refreshments***	\$400	\$200	\$200	***The total amount requested for Refreshme					
TOTALS	\$400	\$200	\$200	20% of the Subtotal of funds requested from	ASI.				
IOIALO	φ400	<u> </u>	Ψ2.00						
9. Certification	at the above information is ear	mat and namelate and that the	arent as propored displace		e organization agrees to shida				
by all regulations and rules of the Associa	ted Students, Incorporated as	expressed in the Grant Applicat	tion Packet and in the Gran	t Administration Handbook. We understand that revenues red	ceived and purchases made in				
agree to cooperate and participate in ASI's			to rully cooperate with suc	th audits as a condition of receiving and expending Associa	lea Slagerits lands. We lattrer				
Student Preparer's Signa									
Hernandez		Daniel		President					
Last Name	, ,	First Name		Title					
president@aexb.g	Drg			323-540-7120	ALCONOMICS SURVINGUES AND ANGEST SURVINGUES OF THE SECTION AND ANGES OF				
E-Mail Address				Contact Phone Number					
Jos	Parent		Matt Cabrera	x54966					