

1. Progra	m Title
	Student Professional Awareness Conference
2. Studen	t Organization Name
	Leading to the state of and Eleadropies Engineers

D	ch the preserve will to	ka nlaca	1135	4. Estimated Attend	ance
I. Indicate the period(s) in whi				Salar Marting Co.	
X July 1 through Nov		December 1 through I	epruary 28 X N	March 1 through June 30 60-	OU
I. Where will the program be h	neld?				200 20000000000000000000000000000000000
Student Union If requesting a waiver of rental fees for the	Soroptimist Ho		Performing Arts Cente		Other ENG/VEC
. What type of program is this					
size program take? What topic or issue will be ossible in the space provided. Refer to the land the space provided of the land the space provided of the land the space provided. Refer to the land the space provided of the land the space provided of the land the space program take? New York the space program take? New I have program take? What topic or issue will be space program take? New I have program take? New I ha	e addressed? If known, who will Evaluation Criteria tab to review X Recurring nal Awareness V well engineers pexperienced engulation with the speake	be your featured speaker, pe the criteria ASI will use to eva Vorkshop ever prepare thems gineers discuss ers, usually thr	rformer, etc.? If applicable, in aluate your application. In the explores the selves technical to topics from the rough a round	hen provide a brief description of the program in the text box provided ideals the number of years the program has been in existence. Provided the number of years the program has been in existence. Provided the subjects that affect engineers' ally. S-PACs are structured event he six critical categories. Studentable discussion. We also will he obotics and Computer Technology.	careers, ts where nts have a ost
7. Indicate the proposed budget fo	portion of the cost that you	ır organization will contr	ribute through its own	Indicate the sources and amounts of all fun- will be raising for this event or activity. The total	al amount indicated
fundraising. Column C will calci requesting from the Associated St term "OFF" will appear to the right.	ulate automatically. This tudents. If this amount ex	represents the amour ceeds the Maximum Al	nt of funds you are lowable Subsidy, the	here must equal the total of Column B under it error message will appear. Source of Funds from Column B	tem 7. Otherwise, an
		(B) Other Sources	(C) Amount	Admission Charges/Ticket Sales	\$120
Expense Category	Cost	of Funds	Requested*		ΨΙΖΟ
Flyers			\$0	Membership Dues	
Newspaper Ads			\$0	Office of the President/Vice Pres	
Posters	\$100	•	\$100	Academic Department or College	
Printed Materials	\$200	\$200	\$0	49er Shops, Incorporated	
Program Supplies	\$500	\$300	\$200	Instructionally Related Activities	
Group Travel**			\$0	Donations	#20/
Conference Fees			\$0	Other	\$380
Equipment Rental	\$200		\$200	TOTAL	\$500
acility Rental			\$0	tiful and the second are the second as a second as	
Honoraria/Service Contracts			\$0	*If the total amount requested from ASI meets of MUST also complete a Major Program budget w	
Equipment Purchase			\$0	**You MUST complete a Travel Estimate works	theat if requesting fun
Repairs & Maintenance			\$0	for Group Travel	neet in requesting full
Subtotals	\$1,000	\$500	\$500	***The total amount requested for Refreshment	s may NOT exceed
Refreshments***			\$0	20% of the Subtotal of funds requested from AS	
TOTALS	\$1,000	\$500	\$500		
	iated Students, Incorporated as ect to audit by the Associated S	expressed in the Grant App tudents, Incorporated. We ag	lication Packet and in the lan	es all sources of revenue whether received or anticipated. This or ant Administration Handbook. We understand that revenues rece uch audits as a condition of receiving and expending Associated	elveu anu purchases mac
Student Preparer's Signa HERNANI Last Name	& AAN First Name	IDEA	<u>Char</u> Title		
Last Name Charle E-Mail Addiges	csulbièee	9/		3(0 - 261 - 4137 Contact Phone Number	
L-IVIAII / Ualtass		Mast (Chren	x5-4966	