

Kutztown University Student Organization  
 Event and Project  
 APSCUF Proposal Form

Name of Student Organization	
Name of Project Leader	
Names of Co-organizers	
Contact Address	
Contact Phone	
Contact Email(s)	
Faculty Advisor & Contact Number	
Did you advisor Approve this Project	Yes <input type="checkbox"/> NO <input type="checkbox"/>

Project Title: Description:
Project Goals:
Project Date/Time/Location
<p style="text-align: center;">Requested Funds:</p> Estimated Project Cost: _____ Amount Requested _____  Purpose of Funding: (How will the funds be used? Be specific).

Please submit your completed Event and Project APSCUF Proposal Form to Dr. James Jackson at [Jackson@kutztown.edu](mailto:Jackson@kutztown.edu) or drop your completed form at Old Main 389a.