Applications and supporting materials must be submitted by the 15th of each month for review at the beginning of the following month (September through May). Submissions may be e-mailed as attachments to SGA@uthscsa.edu (preferred), or hard copies may be submitted to the Office of Student Life. Late submissions may not be accepted for consideration. The student requesting funds may be asked to attend the SGA Appropriations Committee meeting in which this application will be discussed. Limited funding is available on first-come, first-served basis. A written summary and photos of the activity and receipts for reimbursement must be submitted by one month after the event.

Please indicate request type*:

- Conference/Workshop
- Lodging
- Travel
- Professional Development
- Medical Supplies
- Other

Date of Opportunity: ______________

Please indicate school affiliation(s):*

- Dental School
- Graduate School of Biomedical Sciences
- School of Health Professions
- School of Medicine
- School of Nursing

Program (if applicable): ________________________________

Contact Name*: ____________________________ Phone*: ____________________

Contact E-mail*: ________________________________

Event*: ________________________________

Please describe purpose and benefit of event.*

_________________________________________________________

Please describe how you will promote event beforehand.*

_________________________________________________________

Please describe how you will disseminate information about the event afterwards.*

_________________________________________________________
Please provide any additional relevant information about the event.*

Funding obtained from other sources or Department.*

Expense Detail Worksheet

**Travel-related expenses**

**A. Transportation**
- Vehicle ($0.565/mile)  
  $______ x _______ = $_______ total
- OR
  Commercial Carrier (air, train, etc.)  
  $______ x _______ = $_______ total

**B. Lodging**
- Hotel  
  $______ x _______ = $_______ total
  Room cost  # of nights

**C. Registration, conference fees, etc.**  
$______ x _______ = $_______ total

**D. Other (be prepared to explain)**  
$______ x _______ = $_______ total

**Attachments to include**  
- Completed application form*
- For travel requests (where applicable):
  - Maps to establish mileage* MapQuest
  - Quotes for Registration, Hotel, Airfare, Train rates*
- For Medical Supplies (where applicable):
  - Quotes for items*
- For Conferences, Workshops, Professional Development, Other
  - All necessary documentation for activity*