



**SANTA BARBARA**

Office of the Vice Chancellor  
Student Affairs  
University of California  
Santa Barbara, CA 93106-2036  
Phone: (805) 893-3651  
Fax: (805) 893-5640  
[www.sa.ucsb.edu](http://www.sa.ucsb.edu)

September 22, 2016

Dear Applicant:

The Office of the Vice Chancellor for Student Affairs has a limited amount of money with which to co-sponsor campus events and activities. Grants will rarely exceed \$300, and the funding committee will generally favor applications for events that are cross-cultural in nature or for speakers who invite provocative or difficult dialogues. In addition, proposals that have already been granted supplementary funding from other sources are preferable. As a general rule, requests for off-campus conferences and travel expenses will not be funded.

Please note that funding by the Office of the Vice Chancellor for Student Affairs does not represent endorsement or approval of an event or its content. The following statement must be included in any promotional materials or programs in which sponsors' names are listed: "*Provision of funding by sponsors does not represent endorsement or approval of the event or its content.*"

Please fill out the attached application as completely as possible. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Margaret Klawunn".

Margaret Klawunn  
Vice Chancellor for Student Affairs

Attachment

# Application for Co-Sponsorship

**Please complete all requested information and return this form with an itemized budget attached at least three weeks prior to your event date.**

Your name/title: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_

Group name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone: \_\_\_\_\_

OSL Account number: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Event title: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Please describe the nature and focus of the event, as well as the goal and target audience: (use additional pages if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Anticipated attendance (approx. #): \_\_\_\_\_

Admission fee: \_\_\_\_\_ Total amount requested (from the V.C. Student Affairs office): \_\_\_\_\_

Please describe your promotion and publicity plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you seeking other funding sources? If so, please identify and note amount requested and confirmation status:

<b>Name:</b>	<b>Contribution: Requested</b>	<b>Confirmed</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Has your organization received funding from the VCSA office in the past fiscal year (July-June) for previous events?-**

**If so, how much?** \_\_\_\_\_

