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**SUNY Maritime College Parents Association Corp.**

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**STUDENT ORGANIZATION FUNDS REQUEST**

(Please Print)

**Date of request\*:** \_\_\_\_\_

\*All requests must be submitted by the end of the month- September through February- in order to be considered at the monthly board meetings.

**Name of club / organization:** \_\_\_\_\_

**Name of person submitting:** \_\_\_\_\_

**Position in the club:** \_\_\_\_\_

**\$ Amount requested:** \_\_\_\_\_

(Please note that receipts must be provided to Suny Maritime Parents Association Corp.)

**Purpose:** \_\_\_\_\_

**Please explain in detail how the funds will be used (use additional page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Moderator:** \_\_\_\_\_

**Moderator signature:** \_\_\_\_\_

**# Of student members in club:** \_\_\_\_\_

**Students Affairs approval:** \_\_\_\_\_

**For Parent's Association use:**

**MCPA Treasurer:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date of PA review:** \_\_\_\_\_

**Approved/ Declined**