



Submit Completed Application to: SWOSU OIA, Burton House, 100 Campus Drive, Weatherford OK 73096 Phone: 580-774-3267

FUNDRAISING ACTIVITY APPLICATION

Which SWOSU Account Number will this fundraising activity benefit?

\_\_\_\_\_

Please describe the fundraising activity (how will the funds be raised, who is being asked to contribute, who will be carrying out the activity, where will the activity occur, etc.):

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

Contact Person - Name, Phone Number, & E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

Will this activity require SWOSU resources? Yes No (Please circle)

If "Yes" please list those resources below:

SWOSU Personnel: \_\_\_\_\_ SWOSU Facilities: \_\_\_\_\_  
SWOSU Equipment, Supplies, Services, etc. \_\_\_\_\_

Will any external source(s) be donating resources to this activity? Yes No (Please circle)

If "Yes" please list the donor & resources out below:

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

Will this fundraising activity include an actual event? Yes No (Please circle)

If "Yes" please complete a SWOSU Fundraising Event Hosting Application (attached)

**PLEASE HAVE SIGNED IN ORDER:**

SIGNATURE OF AUTHORIZED SWOSU VENUE COORDINATOR (If Applicable): \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF SWOSU FUNDRAISING ACTIVITY APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVAL OF SWOSU PRESIDENT: \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**SWOSU FUNDRAISING EVENT HOSTING APPLICATION**

**- PLEASE READ BEFORE COMPLETING -**

*This application should be completed ONLY if a SWOSU Fundraising Activity Application has already been completed & ONLY if the Activity includes an actual event.*

*Please DO NOT submit this application for processing separate from a completed SWOSU Fundraising Activity Application.*

EVENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EVENT TIME: \_\_\_\_:\_\_\_\_ a.m./p.m.

- |  |     |    |
|--|-----|----|
| Would you like to serve alcohol at this event?                   | Yes | No |
| Will event attendees/participants engage in physical activities? | Yes | No |
| Will SWOSU employees volunteer at the event?                     | Yes | No |
| Will non-SWOSU employees volunteer at the event?                 | Yes | No |

Who is expected/invited to attend/participate in this event? Please check all that apply:

- General Public (Ages 18 & Over)       General Public (Under Age 18)
- SWOSU Employees     SWOSU Students     SWOSU Alumni & Emeriti

Please describe the event in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVAL OF SWOSU PRESIDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_