



Submit Completed Application to:
SWOSU Office of Institutional
Advancement,
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

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

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

Will this activity include sales of SWOSU-branded paraphernalia? Yes No

If "Yes" please provide documentation of the paraphernalia design approval as received from SWOSU.

Will this fundraising activity include an actual event? Yes No

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 Director of Institutional Advancement: _____
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 Director of Institutional Advancement: _____ DATE: ____/____/____
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