

# College Initiative for Diversity Awareness Fund Application

Name (S): _____
Box: _____ Extension: _____ Email: _____
Social Security Number: _____
If you are an organization, please fill out the following:
Name: _____
Code: _____ Account Number: _____
Head: _____ Extension: _____ Box: _____
Treasurer: _____ Extension: _____ Box: _____

**I. Title:** \_\_\_\_\_

**Brief Description:** \_\_\_\_\_

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**II. Answer the following in approximately 500 words**

- Provide a detailed description of your proposed event
- Why do you believe that the event is necessary and how will it promote diversity on Smith Campus?
- How do you plan to continue dialogue about the event you have proposed or topic you have addressed?

**III. Proposed Detail Budget:**

Please provide a detailed breakdown of the budget, be very specific about the activities you will be using the funds for (i.e speaker, publicity, etc). If you are applying to more than one source of funding, please include the source(s) name and amount requested or amounts given. Funding would be delayed, if the budget does not provide sufficient information, since the Board will require clarification.

- \* Number of people expected to attend event
- \* We do not sponsor dinners or house events
- \* Clear and detailed budget
- \* Event must reach entire Smith Community
- \* SGA application-two weeks prior to event.