

Prairie View A&M University  
Division of Student Affairs

**Student Fee Allocation Application**

Name of Organization/Program \_\_\_\_\_ Total Membership \_\_\_\_\_  
Name of Responsible Person \_\_\_\_\_ Title of Resp. Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address: \_\_\_\_\_

Total student allocation fee request for this year \_\_\_\_\_

Total student allocation fee request last year \_\_\_\_\_

Total Staff Salary Request this Year \_\_\_\_\_ Number of staff supported from this total fee allocation \_\_\_\_\_

PDQ attached for each continuous and new position request that is funded from fee allocation  Yes  No

Is membership in this organization/program open to all students  Yes  No

Does this program help market the university  Yes  No

Does this program exclude participation on the bases of sex, religion, ethnicity, political affiliation  Yes  No

This program allows students who have the talent/GPA to complete to become a participating member  Yes  No

This program has an active participating membership of over (Circle One)

- Over 200
- 100 - 91 members
- 90 - 81 members
- 80 - 71 members
- 70 - 61 members
- 60 - 51 members
- 50 - 41 members
- 40 - 31 members
- 30 - 21 members
- 20 - 11 members
- 10 - 1 member

This program provides student programs/activities for which students may participate/benefit throughout the year (document required).  Yes  No

This program has been in existence for more than one year.  Yes  No

This program is recognized and approved by the appropriate university authority.  Yes  No

Do you provide scholarship from the fee allocation?  Yes  No

How many Scholarships? \_\_\_\_\_ Amount of each \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Are you planning to purchase equipment?  Yes  No

**Documentation**

Organization /Program Profile

Yes  No

(Provide a one page summary of the structure and purpose of this organization/program)

Expenditures for previous year attached

Yes  No

Proposed expenditures for next year attached

Yes  No

List of programs planned for next year attached

Yes  No

Equipment purchase inventory attached

Yes  No

Average number of students expected to participate next year

\_\_\_\_\_

Average number of students benefitting from this program last year

\_\_\_\_\_

Use this space to provide explanation of any answers given above.

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\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vice President

\_\_\_\_\_  
Date

Attached all requested information and submit by \_\_\_\_\_ . Failure to submit all requested information may result in delay or approval of funding request.

Deliver your packet by the due date to Marilyn S. Williams, Evans Hall, Room 309, phone 936.261.3562 (originals must be presented at the time of the hearing).

**Prairie View A University**  
**Student Services Fee Academic Year 2017-2018**

<b>Purpose:</b> <a href="#">Please list your proposed expenditures from the student services fees allocation. The actual cost will be completed at the end of the academic year. This information must be submitted prior to obtaining the approval.</a>		
<b>PROPOSED COST: Current and New Recipients 2017-2018</b>		
<b>Program:</b>		
1		
2		
3		
4		
<b>Food:</b>		
1		
2		
3		
4		
<b>Publications: (Flyers, Marketing Materials)</b>		
1		
2		
3		
4		
<b>Travel:</b>		
1		
2		
3		
4		
<b>Entertainment:</b>		
1		
2		
3		
4		
<b>Scholarships:</b>		
1		
2		
3		
4		
<b>Others:</b>		
1		
2		
3		
4		
		<b>Total:</b>

(Please Print or Type)

**Name of Organization:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Director/Advisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Print Name**

**Budget Signature**

**Date**