



# College of Creative Studies Sara Sterphone Memorial Fund Proposal

## CCS Student Applicant Information

Student Name:		Email:	
Student Perm:		Pronouns:	
Major 1:		Major 2:	

UCSB Employment: Are you now, or have you been previously employed by UCSB? If Yes, please indicate the most recent employing department and quarter:

Are any other CCS students or faculty associated with planning and executing this proposal?			
Name:		Email:	
Comments:			

<b>Signature</b>	<b>Date</b>
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## Proposal Information

Proposed Date (if applicable):	
Project Duration (if applicable):	
Estimated Cost:	

Please briefly summarize your proposal for using the Sara Sterphone Memorial Fund:

If more space is needed, please attach a one- to two-page project proposal here:

How will other CCS students and the community as a whole benefit from this proposal?



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Is the funding of your proposal going to be used to make a purchase, or to reimburse for event costs? If you are planning to purchase items, please list those items here or attach a list as part of your proposal. CCS staff may be able to assist with ordering those items directly.

Will you need any assistance from Student Affairs staff with promoting your project to the student body? Please describe.

I, \_\_\_\_\_, verify that I have personally completed this application, and am sincerely interested in executing this proposal. I acknowledge that I have read and agree to the information and requirements outlined below.

I understand that I am responsible for the on-time communication with CCS staff and in submitting information about how the funds were used, including any relevant attendance information. I understand that if I make purchases directly, that I am responsible for submitting necessary receipts and information to the CCS Financial Coordinator Marianne Morris - [marianne.morris@css.ucsb.edu](mailto:marianne.morris@css.ucsb.edu) - for reimbursement.

I understand that if anything changes concerning this proposal, especially concerning my ability to complete the project as proposed, I will update CCS as soon as possible.

**Student Signature**

**Date**

**Confirmation that this proposal has been received by CCS Staff for Review**

**Student Affairs Signature**

**Date**

Proposals will be reviewed by the committee within 1-3 weeks.

### **Decision of Review Committee**

Approved

Approved with modifications

Denied