

**The University of Texas Southwestern Medical Center  
Bryan Williams, M.D. Student Center  
Registered Student Organization Fund Raising Application**

Date Submitted: \_\_\_\_\_

**NOTE:** Please complete and return to the director of the Bryan Williams, M.D. Student Center. Depending on the event additional information may be required.

**Student Organization:** \_\_\_\_\_

**Project Chairman:** \_\_\_\_\_

**Local Address/ Phone:** \_\_\_\_\_

**Dates(s) of Project:** \_\_\_\_\_

**Project Description:** Please submit a description of your project. Be sure to include the following information.

**What is it?**

**Where is it?**

**How is it done?**

**How much does it cost?**

**How much do you expect to raise?**

**Who are you going to solicit or market to?**

**I have read and understand the policies in the Registered Student Organizations Manual covering Fund Raising.**

**Signature:** \_\_\_\_\_  
Authorized Representative

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Wes Norred, Vice President Student and Alumni Affairs