

Event Fund Application Form

GSS Event Fund

Please complete this form in as much detail as possible.

Event Organizer

GSO name:

Contact name:

Email:

Phone: Are you a recognized Affiliated Organization? Yes

Note: You must be [recognized as an AO](#) to receive event funding

Event Information

Event name:

Date: Venue:

Expected number of attendees: Expected number of graduate students:

Expected number of departments/programs:

Event type:

Event Description: *(Please include a short breakdown of the budget and what the Event Fund would cover)*

Benefits to graduate students:

Please email a copy of the completed form to eventfund@gss.ubc.ca.
Event Fund Application must be submitted no later than four (4) weeks before the event.