



RECOGNIZED STUDENT ORGANIZATION APPLICATION

Date of Application:
RSO Name:

Contact Person(s): The main contact should be the senior leader for the organization and should be listed first. The second contact is to be the proposed treasurer for the organization. Please add all other executive leadership (persons with decision/voting rights) on the next page.

Senior Leader:

Name:	Program:
SAYBROOK Email:	Phone:
Address:	
City	State: Zip:

Treasurer:

Name:	Program:
SAYBROOK Email:	Phone:
Address:	
City	State: Zip:

Advisor Contact Information:

Name:	Program:
SAYBROOK Email:	Phone:
Address:	
City	State: Zip:

Constitution and Mission Statement

Please attach MISSION STATEMENT and CONSTITUTION to this application.

Local, Regional, National, or International Affiliation: *Any organization with an outside affiliation must provide the name, address, and telephone number of the external contact person and attach a letter from the organization verifying your affiliation.*

Name of Organization:

External Contact:

Name:	Position:
Email:	Phone:
Address:	
City	State: Zip:
Web Address:	

Organization Information:

Meetings:



Do you have a regular meeting time/place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Where?

Membership:

Approximate number of active members: <i>Attach a list of consistent members</i>
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Supporting Leadership Contacts

Additional Leader		Position:	
Name:	Program:		
SAYBROOK Email:	Phone:		
Address:			
City	State:	Zip:	

Additional Leader		Position:	
Name:	Program:		
SAYBROOK Email:	Phone:		
Address:			
City	State:	Zip:	

Additional Leader		Position:	
Name:	Program:		
SAYBROOK Email:	Phone:		
Address:			
City	State:	Zip:	

Additional Leader		Position:	
Name:	Program:		
SAYBROOK Email:	Phone:		
Address:			
City	State:	Zip:	

Goals:

Please list 3-5 goals of your organization for the academic year and how you plan to accomplish them (use additional sheets if necessary).

1. _____
2. _____
3. _____
4. _____
5. _____



Signatures and Release Authorization

All information listed on this application may be released to interested parties. As the primary leader of the organization, I affirm that I am a student at Saybrook University in good academic, financial, and disciplinary standing and will serve as the primary leader of this organization from _____ (month/year) to _____ (month/year). As the primary leader, I understand that I will be responsible for the collective conduct of members of this organization during organization activities. I also understand that it is my responsibility to lead the organization according to the stipulations of this document, the organization's mission statement and constitution, and polices outlined in Saybrook Student Handbook.

Signature of Senior Leader: _____ **Date:** _____

Printed name of Senior Leader: _____

As an officer of this organization, I am student at Saybrook University in good academic, financial, and disciplinary standing and will serve as the treasurer of this organization from _____ (month/year) to _____ (month/year). As the Treasurer, I understand that I will be responsible for the collective conduct of members of this organization as well as all financial transactions during organization activities. I also understand that it is my responsibility to lead the organization according to the stipulations of this document, the organizations mission statement and constitution, and policies outlined in Saybrook Student Handbook.

Signature of Treasurer: _____ **Date:** _____

Printed name of Treasurer: _____

Signature of Advisor: _____ **Date:** _____

Printed Name of Advisor: _____

*Please note: Any attached documents must be labeled with the group acronym_name of document_date created. Documents also should have the group name or acronym in the header.
For example: STUDENT AFFAIRS_Application_09.14.2020.*

<p>STUDENT AFFAIRS Use</p> <p>Application submitted on: _____ Reviewed on: _____</p> <p>Feedback given to Organization on: _____</p> <p>Decision: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Accepted with Revisions (funding held until revisions submitted)</p> <p>Decision and Feedback given to Organization on: _____</p>



RECOGNIZED STUDENT ORGANIZATION BUDGET REQUEST

RSO Name:
Date of Application:

Treasurer:

Name:	Program:
TCSP Email:	Phone:

Advisor Contact Information:

Name:	Department:
Saybrook Email:	Phone:

How would you best define your group? Check all that apply

- Service
 Professional
 Honors
 Activist
 Athletic
 Cultural
Academic

What type of events does your group hold? Check all that apply

- Speaker
 Social events
 Community Service
 Cultural events
 Field Trips
Awareness
Athletic events
Conferences
Workshops
Other (Please Specify): _____

Academic Year Budget Please attach additional information as necessary.

Proposed Date	Event Type	Cost	Notes

Signature of Treasurer: _____ **Date:** _____

Printed name of Treasurer: _____

Signature of Advisor: _____ **Date:** _____

Printed Name of Advisor: _____

For Office Use Only

Application submitted on: _____ Reviewed on: _____

Decision: Accepted Denied Accepted with Revisions

Decision and Feedback given to Organization on: _____