

RECOGNITION AND BUDGET REQUEST SHEET

Johns Hopkins University School of Medicine Official Group Recognition and Budget Request

**To Become/Remain an Official JHU School of Medicine Community Service Group, Recognized by SOURCE, InterAction, and MSS, and Eligible for InterAction Funds. Submit to both source@jhsp.edu and JHUinteraction@gmail.com*

Name of Student Organization:

New Group:

Yes You must complete this form, and schedule a meeting with SOURCE (source@jhsp.edu, 410-955-3880 to schedule) to discuss your group's proposed activities.

No If NO, provide Outgoing Leader(s) Name/Email: _____

Current Leader(s) Contact Information (include Names, Positions, Emails, & Phone Numbers):

Student(s) To Be Contacted for Funding Questions (Name, Email, Phone):

Community Group(s) that Your Student Group Works With:

Community Group Contact Name/Email:

Faculty Sponsor (Name/Email/Department):

Number of Members/Participants:

Number of Members/Participants who are Medical Students:

If your group becomes/remains officially recognized, the following information will be updated and posted online under SOURCE and InterAction. As information changes, please email SOURCE at source@jhsp.edu so that the information can be changed.

Briefly describe your student organization's mission/purpose and community involvement activities:

Person(s) to Contact If Students are Interested In Volunteering (Name, Email, Phone):

Addresses for Group's Website, Facebook, Yahoo Group, Listserv, etc:

BUDGET ITEMS:

Does your group have its own bank account (yes/no)?: _____

If yes, please provide the name of the bank: _____

If yes, is your group registered w/ tax-exempt status (yes/no)?: _____

Did you apply for Interaction funding during the last academic year (yes or no)?: _____

If YES, how much funding did your group receive from Interaction? \$_____

Would you like to request funding for this academic year (yes or no)?: _____

If YES, please answer next 2 questions, otherwise stop here.

Budget Request Summary (please use event sheets to itemize budgets for each event):

Total number of events requested to be funded: _____

Total amount requested from Interaction for 2008-2009 school year: \$_____

The following information will help SOURCE and InterAction provide further resources that your group may need.

Names/Emails for other Student Leaders in your group that should receive important email updates:

Would you like to have a mailbox for your group at SOURCE? Yes No

Would you like to utilize storage space for your group at SOURCE? Yes No

For SOURCE / InterAction use only

InterAction Liaison will be:

Met with SOURCE

Met with InterAction Liaison