



Campus Security Fund Application

Requesting Student Organization Information

Name of Organization _____

Location of Proposed Program _____

Date of Proposed Event _____ Time of Proposed Event _____

Name of Contact Person _____

Position within requesting organization _____

Phone Number _____

E-mail Address _____

Proposed Program Description _____

How many people are you expecting to attend? _____

How much will the proposed program cost (Please attach a budget) _____

Signatures below verify that all parties involved are in agreement with the information provided above. We the undersigned have read and understand all rules, procedures, and policies regarding the Northern Illinois University security fund. Funds may be allocated in full amount or in a partial amount requested

President:

Name (Print) (Signature) (Date)

Treasurer:

Name (Print) (Signature) (Date)

Faculty Advisor:

Name (Print) (Signature) (Date)

**Please attach contracts from the facility you are renting the event for and from
University Police verifying the cost for security**