

Bemidji State University  
Hobson Memorial Union

Fundraising Application Instructions

This form is to be completed by all student clubs or organizations that will be doing fundraising as a part of their relationship with Bemidji State University. Completion of this form does not indicate approval until a copy has been returned or an email received by the sponsoring organization.

Steps to follow:

1. After picking up a copy of these materials, confer with the Associate Director of the Hobson Union to determine if your fundraising proposal will fit within the university prescribed guidelines for student club/organization fundraising.
2. Complete the fundraising application and return to the Hobson Union Information Desk
3. The Associate Director will confer with the Student Senate Vice President. If necessary, the Vice President will confer with the executive council or full senate.
4. The Vice President returns the form to the Associate Director indicating approval or denial.
5. The Associate Director indicates approval or denial. If external sources of funding are being sought, the Associate Director will contact the Foundation Director to determine feasibility and gain approval.
6. If approval is granted by all necessary individuals, the Associate Director will provide a copy of the application to the sponsoring organization within 3-5 business days.

Please note that the entire processing time can take up to 7-10 business days.

This form will also need to be completed by on campus departments/entities requesting fundraising activities within the Hobson Memorial Union. Off campus organizations will work directly with the scheduling office relative to vender registration.



Hobson Memorial Union  
Student Clubs and Organizations

# Fundraising Application

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

(turn in at least 10 days in advance)

PLEASE RETURN TO THE HOBSON UNION INFORMATION DESK

Name of Club/Organization/Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name or Title of Activity with Description: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ space reserved: yes no

If the event is located off campus – no alcohol can be served at the event, per MnSCU policy 5.18.

If fund raiser involves the sale of food, approval must be obtained from the Assistant Director, Hobson Memorial Union. Assistant Director's HMU: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with institutional policy, external funding requires consultation with the BSU Foundation. Please answer the following questions:

Are external funding sources being sought? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you be contacting local businesses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, for what purpose? Include list of businesses: attach additional pages if necessary.

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Action Taken: <input type="checkbox"/> Approved  <input type="checkbox"/> Not approved  _____ _____
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Student Senate VP: \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. Director-HMU: \_\_\_\_\_ Date: \_\_\_\_\_

Foundation Representative: \_\_\_\_\_ Date: \_\_\_\_\_