

Sponsorship Application

Please print, fill out and submit to the Provost's Office.

Date of submission: _____

Department requesting sponsorship: _____

Program name: _____

Proposed program dates: _____

Proposed space/campus location: _____

Estimated number attending: _____

Departmental representative who will staff and organize event: _____

Will any Smith employee receive financial compensation from the program? _____

Describe the purpose of the program as it relates to your department's academic mission

Describe how the program will benefit current Smith students / is core to the academic mission of the college

Note: The first two questions will require consultation with the Events Management Office

A: Estimated program cost without sponsorship: _____

B: Estimated program cost with sponsorship: _____

Potential budget implication (B-A): _____