

the Davis.

DAVIS MUSEUM AT WELLESLEY COLLEGE

Student Initiative Program (SIP) Fund Application

Date:

Applicant Name:

Organization (if applicable):

Contact information

Campus Address:

Phone:

Email:

Program Title:

Type of Event (i.e. lecture, film series, gallery talk, etc.):

Event date and time (please list first and second choice):

Location of event (Davis Museum and/or other locations on campus):

Please check the locations in the Davis Museum your program requires:

Lobby Galleries Collins Café Collins Cinema Classroom 212

I have confirmed with the Campus Calendar that all proposed locations are available at that date/time: (yes/no)

Anticipated number of attendees:

Co-Sponsoring Departments or Orgs:

Estimated Budget:

_____ Honorarium _____ Travel _____ Lodging
_____ Food _____ Publicity _____ Supplies
_____ Other (please explain) _____

Total amount of funding requested: _____