

THE NEW SCHOOL

SOCIAL JUSTICE EVENT PROPOSAL

COMMITTEE MISSION

The New School Social Justice Committee (SJC) initiates and promotes the efforts of students, alumni, faculty, staff, trustees, and community partners to address economic, social, and cultural divisions related to identity and to our institutional and personal practices and policies. We work to redress the negative effects of those divisions and their intersections and to create inclusive spaces that foster the benefits of multiple social and cultural identities, life experiences, and beliefs. The SJC devotes resources and expertise to the development of new forms of access, representation, and power.

For the Spring semester the committee has a total of \$1000.00 to split among the awarded applications. In the future, this amount is subject to change.

An event that is looking for financial support will be required to submit a request form.

This form must be submitted 4-6 weeks prior to event date.

ORGANIZATION DETAILS

ORGANIZATION NAME: _____ EVENT COORDINATOR: _____

EMAIL: _____ PHONE NUMBER: _____

PROGRAM DETAILS

TYPE OF ACTIVITY: FILM SCREENING MEETING EXCURSION LECTURE OTHER

EVENT NAME: _____

DESCRIPTION (*to be used for online advertising*): _____

DATE: _____

EVENT START TIME: _____ EVENT END TIME: _____

EXPECTED ATTENDANCE: _____

LOCATION (*building and room*): _____

WILL FOOD BE SERVED? YES NO

IF YES, PLEASE SELECT: CHARTWELLS BRAVO PIZZA FOOD EMPORIUM

OTHER: _____

INVOLVEMENT DETAILS

WILL THIS ORGANIZATION CO-SPONSOR THE EVENT WITH ANOTHER GROUP? YES NO

IF YES, CO-SPONSORING GROUP NAME: _____

WILL AN ORGANIZATION OUTSIDE OF THE NEW SCHOOL PARTICIPATE IN THE EVENT? YES NO

IF YES, ORGANIZATION NAME: _____

WHAT TYPE OF ORGANIZATION IS THIS? PROFIT NON-PROFIT

BREAKDOWN OF REQUESTED FUNDING

PERFORMER/TALENT/HONORARIUM: \$ _____

FOOD/REFRESHMENTS: \$ _____

ADVERTISING: \$ _____

EXTENDED BUILDING HOURS: \$ _____

MISCELLANEOUS: \$ _____

PLEASE EXPLAIN: _____

IS THIS ORGANIZATION PLANNING ON REQUESTING ADDITIONAL FUNDING FROM OTHER SOURCES? YES NO

IF YES, PLEASE EXPLAIN: _____

WILL ADMISSION BE CHARGED? YES NO

IF YES, HOW MUCH? _____

HOW IS YOUR PROGRAM RELEVANT TO OUR MISSION STATEMENT?

STUDENT COORDINATOR SIGNATURE:

DATE:

ADVISOR SIGNATURE:

DATE:

FOR SJC USE ONLY

COMMENTS: _____

BUDGET #: _____ TOTAL ALLOCATED: _____

APPROVAL SIGNATURE: _____ DATE: _____