

**Request for Sponsorship from the OHSU School of Medicine**

**Graduate Student Organization (GSO)**

**Eligibility:**

All registered graduate students of the OHSU School of Medicine are eligible to request GSO sponsorship for events or forums designed to enhance and enrich the graduate student experience. Such events include, but are not limited to, invited speakers, data sharing forums, and community building exercises. All events must be open to all graduate students of the School of Medicine and must not be exclusionary.

Non-graduate student allies of the GSO may also request sponsorship on this form.

**Sponsorship:**

A sponsorship request may include a budget proposal and advertising support. The standard limit of financial support is set at $200, though this amount is subject to negotiation based on the event. If sponsorship is granted, it is the Facilitator’s responsibility to inform the GSO officers on all details related to the event, including flyers and monies spent.

**Process:**

To request sponsorship, please complete the following form. Please return the form to Kayly Lembke (lembke@ohsu.edu) and Brittany Alperin (alperinb@ohsu.edu). *Take note that the request must be voted on at a GSO meeting prior to the event date*. GSO meetings occur on the first Wednesday of each month, October – June in the Academic year. For the request to be considered, please submit the form by the Monday prior to the Wednesday GSO meeting (for example, if the GSO meeting is on Wednesday the 8th, submit the form by Monday, the 6th). The Facilitators must then attend the GSO meeting, present their request, and it will be voted for approval by the attendees.

**GSO Sponsorship Request Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facilitator(s) Names(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If student, please list department and year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If not a student, OHSU Affiliation(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Description (include goal):**

**Proposed Date:\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated Attendance:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Requesting Funding, please list budget items and estimated costs:**

**Total estimated cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total funding request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you secured funding from another source? If so, please list source and amount received:**

**Results of vote: YES: NO:**