



# STUDENT FUNDING BOARD

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## OFFICE OF STUDENT ACTIVITIES

### Event Evaluation Form

*Complete this form to evaluate events/programs funded by SFB. If not submitted future funding requests will be jeopardized.*

<b>Organization Name</b>			
<b>Funding For:</b>	<input type="checkbox"/> Conference/Leadership Programs/Competition	<input type="checkbox"/> Revenue Generating	
	<input type="checkbox"/> Non-Revenue Generating	<input type="checkbox"/> Newsletter/Publication	
<b>Nature of the Event</b>	<input type="checkbox"/> Social in nature	<input type="checkbox"/> Educational in nature	
<b>Name and Date of the program(s) being Evaluated (<i>please list in order by number 1, 2, 3, etc.</i>):</b>			

	Event #1	Event #2	Event #3	Event #4	Event #5
<b>Attendance</b>					
<b>Total Event Cost</b>					
<b>Amount Funded by SFB</b>					
<b>Amount of SFB Spent on Event</b>					

<b>If educational in nature, please share 2 key learning outcomes that participants gained from this event/program:</b>

<b>Please list the highlights of this program(s):</b>

**ORGANIZATION**

**By signing this form officer affirms that the information provided is accurate to the best of their knowledge.**

Printed Name & Position \_\_\_\_\_

Signature & Date \_\_\_\_\_