



Student Enrichment - aliciapetersen@cwidaho.cc - 208.562-3245 phone - 888.562.3216 fax

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APPLICATION TO FORM A STUDENT CLUB OR ORGANIZATION

CWI acts as a custodian for all CWI Clubs and Organizations funds. Off campus bank accounts are not permitted. All funds need to be held and maintained through the CWI Business Office.

PART I -- REQUESTOR INFORMATION (STUDENT)

Name: _____ Telephone: _____

CWI Email: _____

PART II -- CLUB INFORMATION

Club/Organization Name: _____

Club or Organization Listing: (Check one)

Academically Focused Club Competitive Focused Club

Special Interest Focused Club

Club/Organization Detail: **ADVISOR please Initial, initialing states you understand and agree**

1. CWI will be holding 100% of the organization's funds.

2. Clubs may not keep any club funds in an off campus bank account

5. CWI advisors are the primary club budget officer.

PART III -- CLUB/ORGANIZATION PURPOSE - Please provide a description of the clubs mission and purpose.

PART IV-- ADVISOR INFORMATION FOR CLUB COST CENTER

Name: _____ Title: _____

CWI Phone: _____ CWI Email: _____

Signature: _____ Date _____

Department Chair Signature: _____ Date: _____

PART V-- STUDENT ENRICHMENT APPROVAL

Approved Denied

Name: _____ Title _____

Phone: _____ Email: _____

Signature: _____ Date _____

PART VI-- VICE PRESIDENT OF FINANCE & ADMINISTRATION APPROVAL

Approved Denied

Name: _____ Title _____

Phone: _____

Email: _____

Signature: _____ Date _____

Anticipated account duration:

Start Date:

End Date: