

Returning Student Group Application

For internal SMSS use

Return (via email) to Student Group Coordinator when complete (smss.sgcoord@gmail.com)

This form is to be used by returning student groups seeking SMSS ratification. It is assumed that all applying group executive members have read, understood, and will operate in accordance with the SMSS Policy Package (Student Group Protocols, Funding and Oversight Committee Policy). All areas of this application are considered **mandatory**; incomplete applications will be denied without the ability to appeal.

This form is to be submitted **before October 1st**. Failing to submit on time will result in denial of application and/or funding requests.

Name of group: _____ Group Email Address: _____

Group President: _____ Group Contact Person (if different than president): _____

Mission Statement: (may be copied from previous year)_____

Specific Objectives for the year: (Should not be copied year-to-year)_____

How has your group provided equitable access to all sites and years within the College, and how will it do so in the future?

Executive Members (at least 3 names required; must be one member in each site):

[illegible]



NOTE: Individuals are permitted to sit on the executives of no more than three SMSS Ratified Student Groups at a time.

Group Activities Planned: (Include from Nov 1 this year until Oct 31 next year)
at least one event must take place each semester; activities must be equitable between sites;
events must be unique from existing groups events

Event Name	Event Type	Attendance	Date	Description (Include Site/sites)	Costs (Estimate)

How events align with mission statement/are within the SMSS Mandate: _____

Past Year Successes and Budget:

Group Activities: (Include from Nov 1 previous year until Oct 31 this year)

Event Name	Held Y/N	Attendance (what was anticipated and actual attendance)	Held in Saskatoon, Regina, or both	Date	Comments (Include successes, failures, troubles/how to fix, if the event will occur again and why, etc.)	Costs



Group Finances: **Group do not need a bank account. However, if the student group has a bank account, reporting is mandatory.

Bank Account: Y/N Bank Name: _____ Branch Location:

*Please note that the SMSS VP Finance reserves the right to audit ratified clubs at any time and the amount of time given to provide evidence as part of an audit is one week. Furthermore, please be advised that any group that fails its audit will be subject to consequences up to and including losing ratification and further disbarment. All misappropriated funds identified during an audit must be repaid to the SMSS within a month of being identified. Please be aware that all returning groups will require their most recent bank statement as part of their application.

Outside Funds: (if applicable) (Include from Nov 1 this year until Oct 31 next year)

Funding Sought from	Amount of funding	Funding Anticipated	Funding Received

Acknowledgement of Rights and Responsibilities:

By signing below...

I do certify that I have read and understood the SMSS Student Groups Policy.

I do certify that I will abide by all SMSS policies and protocols regardless of SMSS and/or USSU group ratification.

I do certify that the above information is complete and accurate.

I understand that should the above information change, it is my responsibility to inform the Student Groups Coordinator.

I understand that supplying false information, not notifying the SMSS of changes to this information and/or not fulfilling the responsibilities of a Student Group may result in loss or reduction of SMSS funding and SMSS Student Group rights.

Signature of President

Signature of Contact Person

Date

Submitted to Student Group Coordinator on (date): _____