Greetings,

The SOBA form is the primary method each Law Student Organization (“LSO”) can utilize to request funding from the SBA.

Within the form you will find options for you to designate the “Purpose” or “Type” of your event or program. The SBA Constitution places a strong emphasis on LSOs utilizing SBA funds toward (1) Career and Professional Development, (2) Community Service, (3) Diversity, and (4) Social Events. Thus, it is important that you plan your LSO’s agenda with each of these four objectives in mind. Stronger SOBA forms will demonstrate plans promoting all four areas. A few items to keep in mind while filling out this form:

- Please include Post-Event Forms your previous board accumulated, with your budget application. They will be used to gauge improvement from events from past years.

- Please note there are new limitations on external events, so please read this form carefully. Also budget allocations will be changing and there will be budget cuts. Please plan your budget around a 25% decrease in funding from what you received last year.

- The Constitution requires all student organizations to schedule at least 25% of their general meetings after 5:00pm in order to accommodate part-time students.

- In order to receive any funding, all SOBA forms must be filled out, signed and submitted either to the SBA Treasurer’s (Travis Cook) mail folder in Bannan lounge, or scanned and emailed to tcook@scu.edu by April 18, 2014.

In regards to reimbursements, the LSO Treasurer and the SBA Treasurer must approve any request for reimbursement. Reimbursement forms can be found online on the Law Financial Services website: http://www.law.scu.edu/lawfinance/students.cfm. Please read the rules of reimbursement carefully. Travel reimbursements follow a different procedure. Please be aware of the approval and reimbursement requirements.

Good luck with your LSO this coming year. We look forward to working closely with all of you and are always available to answer questions. Please feel free to contact us via email at tcook@scu.edu (Travis Cook, 2014-2015 SBA Treasurer) or lawstudentservices@scu.edu.

Best regards,
Your SBA and Law Student Services
1. Briefly assess how your organization utilized its funds last year. If your organization over or under spent, please explain why:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

2. What were your organizations most successful events/programs last year and why?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

3. What, if anything, does your LSO plan to do differently this year?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
SUMMARY PAGE

Student Organization Name:______________________________________________________

Estimated Number of Active Club Members in 2014-2015 Year: _______________________

Organization Purposes
(Total number of Events/Programs/Travels etc. that fall under each “Purpose” category)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Number Last Year</th>
<th>Number Anticipated this Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career and Professional Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Organization Expenditure Types
(Total number of each different type of expenditure and the associated costs)

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Number Last Year</th>
<th>Amount of Money Spent Last Year</th>
<th>Anticipated This Year</th>
<th>Amount of Money Needed This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Total Amount Requested: $________     Finance Committee Recommendation: $________

Total Amount Approved by Board of Governors: $________
**DEFINITIONS**

*External Event:*
Any one time gathering where others in the Law School Community (students/faculty/staff) are invited. Examples: banquets, networking event, speaker event. External events are limited to 1 external event in fall, and 1 external event in spring.

*Internal Event:*
Any ongoing or prolonged activity designed for club members, i.e., Mentor/Mentee Programs, Community Service, board meetings, general club meetings. There is no limit on the number of internal events an LSO can hold.

*Event Owner:*
Law Student Organization who takes ownership of, and manages an external event. Event owner is responsible for coordinating all aspects of event including finding event partners.

*Event Partner:*
Law Student Organization who co-sponsors an event with an event owner. Co-sponsorship includes assistance with marketing of event, promoting event attendance, and possible financial backing.

*Travel:*
Student travel to an external event/program for the benefit of SCU Law and SCU Law students. i.e. conferences, competitions, etc.

*Career & Professional Development:*
Any event or program that advances students’ interests in solidifying their professional skills, talents, knowledge, or expectations.

*Community Service:*
Any volunteer event that benefits the Santa Clara community.

*Diversity:*
Any event promoting or educating the Santa Clara community about the interconnection of different cultural, religious, or ethnic groups in the legal profession.
# I. EXTERNAL EVENTS

**Fall Event #1**

- **Title:** __________
- **Anticipated Event Date:** ______
- **Event Partner (Encouraged):** _____________________
- **Est. # of People Attending:** _____
- **Event Description:** ______________________________________________________

Please Circle ALL Boxes that Apply to this Event:

**Purpose:**  
- Career & Prof Development  
- Community Service  
- Diversity  
- Social  
- Other______________________

**Type of Event:**  
- Speaker Event  
- Networking  
- Professional Seminars/Career Fair  
- Volunteer/Community Service  
- After 5pm  
- Awareness/Diversity  
- Other _______________

**Estimated Cost:**  
- Food:$_____  
- Speaker:$_____  
- Venue:$_____  
- Ads:$_____  
- Prizes:$____  
- Supplies:$_____  
- Other:$_____  
- TOTAL: $______

**Spring Event #2**

- **Title:** ______________
- **Anticipated Event Date:** ______
- **Event Partner (Encouraged):** _____________________
- **Est. # of People Attending:** _____

Please Circle ALL Boxes that Apply to this Event:

**Purpose:**  
- Career & Prof Development  
- Community Service  
- Diversity  
- Social  
- Other______________________

**Type of Event:**  
- Speaker Event  
- Networking  
- Professional Seminars/Career Fair  
- Volunteer/Community Service  
- After 5pm  
- Awareness/Diversity  
- Other _______________

**Estimated Cost:**  
- Food:$_____  
- Speaker:$_____  
- Venue:$_____  
- Ads:$_____  
- Prizes:$____  
- Supplies:$_____  
- Other:$_____  
- TOTAL: $______
II. INTERNAL EVENTS

Event Title: ___________________________ Program Duration/Run Dates: __________

Est. # of Participants: ________

Event Description: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose: Community Service Diversity Mentor/Mentee Program Board Meeting
Student Support/Academic Support Competition General Meeting
❑ Other _____________________________________________________________

Estimated Cost: Food:$_____ Speaker:$_____ Venue:$_____ Ads:$_____
Prizes:$_____ Supplies:$_____ Other:$_____ TOTAL: $_____

Event Title: ______________________________ Program Duration/Run Dates: __________

Est. # of Participants: ________

Event Description: ___________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose: Community Service Diversity Mentor/Mentee Program Board Meeting
Student Support/Academic Support Competition General Meeting
❑ Other _____________________________________________________________

Estimated Cost: Food:$_____ Speaker:$_____ Venue:$_____ Ads:$_____
Prizes:$_____ Supplies:$_____ Other:$_____ TOTAL: $_____

Event Title: ______________________________ Program Duration/Run Dates: __________

Est. # of Participants: ________

Event Description: ___________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose: Community Service Diversity Mentor/Mentee Program Board Meeting
Student Support/Academic Support Competition General Meeting
❑ Other _____________________________________________________________

Estimated Cost: Food:$_____ Speaker:$_____ Venue:$_____ Ads:$_____
Prizes:$_____ Supplies:$_____ Other:$_____ TOTAL: $_____

Event Title: ______________________________ Program Duration/Run Dates: __________

Est. # of Participants: ________

Event Description: ___________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose: Community Service Diversity Mentor/Mentee Program Board Meeting
Student Support/Academic Support Competition General Meeting
❑ Other _____________________________________________________________

Estimated Cost: Food:$_____ Speaker:$_____ Venue:$_____ Ads:$_____
Prizes:$_____ Supplies:$_____ Other:$_____ TOTAL: $_____
Event Title: ______________________________ Program Duration/Run Dates: __________

Est. # of Participants: ______

Event Description: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose: Community Service     Diversity  Mentor/Mentee Program       Board Meeting
          Student Support/Academic Support       Competition                General Meeting
          ❑ Other_______________________________________________________


Event Title: ______________________________ Program Duration/Run Dates: __________

Est. # of Participants: ______

Event Description: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose: Community Service     Diversity  Mentor/Mentee Program       Board Meeting
          Student Support/Academic Support       Competition                General Meeting
          ❑ Other_______________________________________________________

Event Title: ______________________________ Program Duration/Run Dates: __________

Est. # of Participants: ________

Event Description: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose:  Community Service  Diversity  Mentor/Mentee Program  Board Meeting
Student Support/Academic Support  Competition  General Meeting
❑ Other_______________________________________________________

Estimated Cost:  Food:$_____  Speaker:$_____  Venue:$_____  Ads:$_____  
Prizes:$_____  Supplies:$_____  Other:$_____  TOTAL:  $_____

Event Title: ______________________________ Program Duration/Run Dates: __________

Est. # of Participants: ________

Event Description: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose:  Community Service  Diversity  Mentor/Mentee Program  Board Meeting
Student Support/Academic Support  Competition  General Meeting
❑ Other_______________________________________________________

Estimated Cost:  Food:$_____  Speaker:$_____  Venue:$_____  Ads:$_____  
Prizes:$_____  Supplies:$_____  Other:$_____  TOTAL:  $_____

Event Title: ______________________________ Program Duration/Run Dates: __________

Est. # of Participants: ________

Event Description: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please Circle ALL Boxes that Apply to this Program:

Purpose:  Community Service  Diversity  Mentor/Mentee Program  Board Meeting
Student Support/Academic Support  Competition  General Meeting
❑ Other_______________________________________________________

Estimated Cost:  Food:$_____  Speaker:$_____  Venue:$_____  Ads:$_____  
Prizes:$_____  Supplies:$_____  Other:$_____  TOTAL:  $_____
III. TRAVEL

TRAVEL EXPENSE REQUIREMENTS:

To ensure efficient use of SBA funds for law student travel, the SBA requires students to compose brief pre-trip and post-trip descriptions and evaluations regarding their trip for all travel requests. These brief summaries will provide valuable guidance for your club when making considerations for potential future travels.

A) The Pre-Trip Application Requirement
- Students wishing to use SBA funds for travel expenses must compose a brief description of what they expect to achieve for the club/organization/school on the trip.
- This pre-trip application should be submitted to the SBA Treasurer for approval prior to traveling.

B) The Post-Trip Summary Requirement
- After the trip, students should submit to the SBA (and keep for their own club records) a brief summary of the trip describing:
  (1) The benefits of the trip for the club/organization/school,
  (2) Any components of the trip they didn't find useful or think could be improved upon, and
  (3) Whether or not they recommend the trip be taken again in the future.

School Requirements
In addition, Santa Clara University also requires that the travel coordinator for the trip fill out an Approval for School Sponsored Travel Form and each participant must fill out a University Participant Agreement. Both forms can be found at: http://law.scu.edu/studentservices/law-student-organizations-travel/

Please submit both forms to Alisa Guglielmo in the Law Student Services Office, Bannan 210A.

Travel/Trip Title: ____________________________________________________________

Travel Dates: ______________________ Est. # of Travelers: ______________________

Travel Description: ________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please Check off ALL Boxes that Apply to this Trip:

Purpose:  ❑ Career & Professional Development  ❑ Community Service  ❑ Diversity
         ❑ Student Support/Academic Support  ❑ Networking  ❑ Competition
         ❑ Other______________________________________________________________

Estimated Cost:  (Meals and Lodging not funded by the SBA)

Transportation: $_____  Conference Fees: $_____  Other: $_____  TOTAL: $_____
CONTACT & SIGNATURES

1. Organization President
   Name: ______________________________
   E-mail Address: ____________________________
   Signature: _______________________________________
   Date: _______________________

2. Organization Treasurer
   Name: ______________________________
   E-mail Address: ____________________________
   Signature: _______________________________________
   Date: _______________________