

Key Code: \_\_\_\_\_

FUND TITLE: \_\_\_\_\_

**ASSOCIATED STUDENTS OF CUYAMACA COLLEGE  
GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT**

**CLUB/TRUST ADVISORS  
Fiscal Year 2018/2019**

**Purpose of the Trust Funds:**

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**Source of Income to the Fund:**

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**Authorized Signatures:**

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**Print Name – Advisor (or) Title**

**Signature**

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**Print Name – Advisor (or) Title**

**Signature**

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**Print Name – Advisor (or) Title**

**Signature**

**Distribution of funds upon two years inactivity or upon dissolution of fund:**

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**Contact Barbara Hashiguchi at 619-644-7598 if you have any questions regarding your Trust. Please send original form to Barbara Hashiguchi, District Accounting, and a copy to the Cuyamaca College Student Affairs Office.**