

# HASKAYNE STUDENT EXPERIENCES FUND GROUP PROJECT APPLICATION

### **Application Checklist**

Each group member read the full SEF Policy Document
Complete all written sections on this form (one form per group)
Attach a detailed budget
Attach any supporting documents
Each group member read the read the Student Code of Conduct
Obtain faculty/staff support signature
Print this form off, scan and upload to SEF section of D2L site Dropbox (Hello Haskayne Site -undergrad or Haskyne MBA Site - grad)
Activity Information:
Name of Activity:
Location of the experience for which you are requesting funds:
Start Date: End Date:
Month of Application:
Total Budget (All Costs)(\$):
Total Eligible Expenses (Page 9) (CAN \$):
Max Possible Funding [For Office Use Only](\$):
Contact Information:
Activity Lead Name (can be staff/faculty/student):
U of C ID:
Program of Study: Year of Study:
Email Address: Phone Number:
Mailing Address:

Background I	nformation:			
Has your group/club s	submitted a Student Ex	periences Fund Applic	ation in the past? OYes	No
Were you successful	in receiving funding?	Yes No		
Name of Activity:		Date o	f Past Activity:	
Have you completed	all of your reporting re	quirements for previo	ous activity? Yes	No
·	nembers of your group have ition will be deemed ineligibl	·	report from a previous HSEF	
Identification	•			
Please list all students/s		T -:		T
Name	Email	Phone	Degree Level/Faculty (student)	Year of Study
Faculty Suppor	rt:			
sponsor for this project, o	•	that has knowledge of this	per that is acting as an advisor of project and may act as a reference ir record.	
Name of staff/faculty:				
Title/position:				
Department:				
Phone number:				
E-mail:				

Why do you support this application?	
What is your role in the activity?	
Signature:	
- 0 - 11 - 1	_
Date:	
Dutc	

# **Description of Activity:**

ease provide ⁄/ax 250 word	an overview of ls)	the group acti	vity for which y	ou are applying	g for funds.
					ow will this activity (Max 250 words)

be stre	ngthened or improved from your participation in this project or activity.
F	Research
٦	<sup>T</sup> eamwork
F	Problem Solving
(	Critical Thinking
(	Communication
How d	oes your group plan to develop the skill areas listed in the above section?
Skill #1	
١	What activities will your group undertake to develop this skill:
H	How will this developed skill support your group's future goals:
Skill #2	
١	What activities will your group undertake to develop this skill:

Please select the top 3 skill development areas in which your group's awareness and skills will

How will this developed skill support your group's future goals:
What activities will your group undertake to develop this skill:
How will this developed skill support your group's future goals:
Tiow will this developed skill support your group's ratare gours.

How will this experience engage with individuals/groups outside Haskayne and/or the Calgary to create a valuable experiential/community service learning opportunity for Please identify potential individuals and groups you will engage with. (Max 250 works)	r your group?
How will this group experience positively impact the Haskayne School of Business, University of Calgary? Please identify potential give-back opportunities. (Max 250)	

# **Funding Information:**

Secured Donors: (Please list all the names of secured	donors and the donation amounts)
Potential Donors: (Please list all the names of potent whom you have requested funding.)	ial donors and the donation amounts, including those with
Personal Contributions: (How much does your grou	p expect to cover)

#### **Budget Information:**

Provide a detailed budget clearly detailing your projected activity expenses. Please provide quotes and invoices where appropriate. If preferred, you may attach an Excel spreadsheet.

Please separate your budget into two portions. One area listing expenses that you are requesting funding to help cover, and a second section with other costs that cannot be covered by the Student Experiences Fund (based on the information available in the policy document). We ask you this to get a clear picture of the financial reality of the experience.

Include any relevant details such as advertising costs, supplies, travel, registration fees and accommodation. For relevant food and gas expenses, please refer to **University of Calgary's expense policies.** 

Line	Item	Description/Justification	Quantity	Total (\$)		
Eligib	Eligible Expenses					
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Total Eligible Expenses:					
Other	Expenses (including o	costs that are already free - ex. Accommod	lation with	n family)		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
			Total:			

# Please list any supporting documents that you are attaching to your application to support your request.

## SEF Applicant Policy:

**Supporting Documents:** 

#### (Each group member please read each statement and sign below)

I have read and understand the policy document for the Student Experiences Fund.

By signing this application to the Haskayne Student Experiences Fund, I certify that I am a full time student in good standing at the Haskayne School of Business and all information included in this application form and any attached documents is true and complete to the best of my knowledge.

I confirm that this application and the proposed use of SEF monies are in compliance with the policy document of the Student Experiences Fund. I shall not willingly or knowingly utilize any funding granted in such a way that contravenes funding requirements.

I agree to comply with the risk management and accountability requirements of the Student Experiences Fund.

I agree to adhere to the standards of professionalism, integrity and pride outlined in the Haskayne Student Code of Conduct. I accept the responsibility that comes with representing the Haskayne School of Business and the value of investment that donors are making towards our success.

I acknowledge that should I be successful in this funding application that I will provide a post-activity expense report (with receipts), activity report and photographs/testimonial within **ONE MONTH** of completing the activity. (Funding will only be given AFTER you have successfully attended the experience).

In the case of a project/activity cancellation beyond my control, I agree to work in good faith with the Student Experiences Fund to determine alternative events or allocation of funds.

Student Code of Conduct available here

Note: Reports and photos provided may be used in university reporting and promotional materials.

Signature of Applicant	Date	
Signature of Applicant	Date	
Signature of Applicant	 Date	

#### **Application Instructions:**

- 1. Complete this digital form.
- 2. Print it off, scan it, and then upload it to the appropriate application Dropbox in the SEF section of the Hello Haskayne (undergrad students) or Haskayne MBA Student (grad students) D2L Site.

If you have any questions, please contact: sef@ucalgary.ca