Instructions:

This is a **worksheet only** **and will not be accepted as a grant application**. Please ensure that you have reviewed the [Funding Guidelines](http://alumni.ualberta.ca/connect/future-alumni/funding) for the Alumni Student Council Grants before applying.

Once you begin filling out the application form online, you will not be able to save it and return. If you quit before completing the application, you will have to start over again. We strongly suggest using this worksheet, as well as the downloadable budget worksheet, to draft your application and then copying your responses into the online form. The following characters cannot be used in the form: & < >

\* Indicates a required question on the form

Once you have submitted your application, you will not be able to make changes. Sorry - late materials will NOT be accepted.

Applicant Information

Group Name (if applicable): Click here to enter text.

Contact Person First Name\*: Click here to enter text.

Contact Person Last Name\*: Click here to enter text.

Phone Number\*: Click here to enter text.

UAlberta Email\*: Click here to enter text.

Activity Details

Name of Activity\*: Click here to enter text.

Location of Activity\*: Click here to enter text.

Start Date of Activity\*: Click here to enter a date.

End Date of Activity\*: Click here to enter a date.

Description of the activity in detail, explain the purpose, scope, outcomes and timelines\*: Click here to enter text. (max 1,500 characters)

Please describe how this activity will enhance or benefit the student experience and campus community\*: Click here to enter text. (max 1,000 characters)

Where are you currently in the planning process? What preparations have you made for your activity? What tasks do you have left to arrange?\* Click here to enter text. (max 1,000 characters)

Financial Planning

If you (or this group) received Alumni Student Engagement Grant funding in the past, please specify the year and amount received. Click here to enter text.

\*What is the total cost of your activity?\* Click here to enter text.

\*What is the dollar amount you are requesting?\* Click here to enter text. (max $2,500)

\*What percentage of the total cost of your activity are you requesting?\* Click here to enter text. (e.g. 25%, 50%, 75%) (\*your total amount requested cannot make up more than 75% of your total activity budget.)

\*What efforts have you made to be financially responsible and minimize overall costs of this activity? Click here to enter text. (max 1,000 characters)

\*What other sources of funding have you applied for or received? Include amounts and descriptions, as necessary. Click here to enter text. (max 1,000 characters)

\*What is your plan if you are not approved for an Alumni Student Engagement Grant? Click here to enter text. (max 1,000 characters)

Alumni Relations

What opportunities are there for alumni to participate or contribute to your event or project (volunteers, mentors, speakers)?\*Click here to enter text. (max 1,000 characters)

Describe how you will provide recognition to the University of Alberta Alumni Association should funding be provided. \*Click here to enter text.

Please indicate any past or planned interactions your group has had with either alumni or the Alumni Association.\* Click here to enter text.

Would you like your activity included in the student Alumni Newsletter (e-tracks)?\* Choose an item.

Grant Payment Information (Groups only)

Funds for all successful groups will either be transferred to an account affiliated with University of Alberta registration as a formal student group, or transferred to the endorsing faculty/school (in which case all expenses will be processed and disbursed to the group by that faculty/school).

Type of Group (if applicable): Choose an item.

Option A: Group formally registered as a UAlberta student group

Registered Name of Group: Click here to enter text.

Registered Address of Group: Click here to enter text.

Does your group have a community bank account (i.e. not a personal account)? Choose an item.

Option B: Group endorsed by faculty/business unit

Name of Affiliated Faculty/Business Unit: Click here to enter text.

Contact First Name: Click here to enter text.

Contact Last Name: Click here to enter text.

Contact UAlberta Email Address: Click here to enter text.

Contact UAlberta Mailing Address: Click here to enter text.

**Please download and complete the GrantsFunding\_BudgetForm\_2015-16 from the website for the budget/expenses portion of the application.**

Budget Summary

Total Revenue minus Total Expenses\*: Click here to enter text.

Once you begin filling out the application form on our Student Grants webpage, **you will not be able to save it and return**. If you quit before completing the application, you will have to start over again. Once you have submitted your application, you will not be able to make changes. The following characters cannot be used in the form: & < >