**SAO Funding Scheme**

Ref: S-015/F/SDS

**Application Form**

※ Please complete all items consistently in either English or Chinese. Fill in 1 application form and 1 budget plan for each activity.

※ Please note that handwritten forms will not be accepted.

**Part 1: Funding Information**

|  |  |
| --- | --- |
| Apply funding in which Batch? | **Batch of Year**  |
| Apply funding in which Area? | **[ ]  Student Activities****[ ]  Student Organization Support** | **[ ]  Student Exchange Activities****[ ]  Specified Activities** |
| **Requested amount of funding** | **MOP** |

**Part 2: Basic Information**

|  |  |  |
| --- | --- | --- |
| Name of Student Organization | (Chinese) |  |
|  | (English) |  |
| Name of Applicant | (Chinese) |  |
|  | (English) |  |
| Position  |  |
| Contacts  | (Phone) |  | (Email) |  |

**Part 3: Activity Proposed**

|  |  |  |
| --- | --- | --- |
| Activity Name | (Chinese) |  |
| (English) |  |
| Type of Participants | **[ ]** Organization Members Only  | **[ ]** All UM Students/Staff  |
| **[ ]** Open to Public |  |
| Expected Number of Participants |  |
| Activity Date / Period |  |
| Activity Venue |  |
| Type of Activity | **[ ]** Interest course | **[ ]** Workshop**/**Training | **[ ]** Lecture/Seminar | **[ ]** Publication  |
| *(Choose 1 option)* | **[ ]** Film screening | **[ ]** Performance | **[ ]** Competition | **[ ]** Sports competition |
|  | **[ ]** Orientation | **[ ]** Visit/ Exchange  | **[ ]** Caring activities | **[ ]** Sharing Session |
|  | **[ ]** Festive Celebration | **[ ]** Others. Please state:  |
| Name(s) of Co-organizer(s)*(if applicable)* |  |
| Nationality of guest(s) and performer(s) | **[ ]** Local | **[ ]** Non-local  | **[ ]** To be confirmed | **[ ]** N/A |

**Part 4: Nature and Purpose of activity**

|  |
| --- |
| Aim/mission/objective *(in point form)* |
|  |

|  |
| --- |
| Summary of the activity in not more than 200 words **(Expectations, planning and execution strategies are required to be included)** |
|  |

**Part 5: Attachment**

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]** Budget Plan **(Compulsory)** | **[ ]** Activity Proposal **(Strongly Recommended)** | [ ]  Rundown / Trip Schedule | [ ]  Floor plan |
| **[ ]** Guest List | **[ ]** Performer List | **[ ]** Others. Please State: |  |

Remarks: *The finalized guest list, performer list, and activity rundown must be submitted to SAO for approval at least 45 days in advance.*

**Part 6: Signature of Applicant**

***(type the names of the student organization and applicant if you fill in the PDF version of this form)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Date** |  | **Stamp of Student Organization** |  | **Signature** |