**SAO Funding Scheme**

Ref: S-016/F/SDS

**Revision Application**

※ Please complete all items consistently in either English or Chinese.

※ For additional funding request / budget plan revision request, please submit a revised budget plan and a revised activity proposal.

※ For other revision request, please submit a revised activity proposal.

※ Please note that handwritten forms will not be accepted.

**Part 1: Original Funding Information**

|  |  |  |
| --- | --- | --- |
| Activity Name |  | |
| Funding Approved in? | **Batch of Year** | |
| Funding Approved in which Area? | **Student Activities**  **Student Organization Support** | **Student Exchange Activities**  **Specified Activities** |
| Funding Amount Approved | **MOP** | |

**Part 2: Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Request |  | Additional Funding | | (Amount: MOP ) |
| *(Can choose more than 1 option)* |  | Revise Budget Plan | | |
|  |  | Revise Activity Name | | |
|  |  |  | *Change from to* | |
|  |  | Revise Activity Venue | | |
|  |  |  | *Change from to* | |
|  |  | Others. Please state: | | |
| Reason for the Request |  | | | |

**Part 3: Basic Information**

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

**Part 4: Signature of Applicant**

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