

# HASKAYNE STUDENT EXPERIENCES FUND INDIVIDUAL PROJECT APPLICATION

# **Application Checklist**

- 1. Read the full SEF Policy Document
- 2. Complete all written sections on this form
- 3. Attach a detailed budget
- 4. Attach any supporting documents
- 5. Read the Haskayne Student Code of Conduct
- 6. Obtain faculty/staff support signature
- 7. Print this form off, scan and upload to SEF section of D2L site Dropbox (Hello Haskayne Site- undergrad students and Haskayne MBA Student Site -grad students).

### **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 8) (CAD\$):					
Max Possible Funding [For Office Use Only](\$):					
Contact Information:					
Full Name: Student ID:					
Program of Study: Year of Study:					
Email Address: Phone Number:					
Mailing Address:					
Background Information:					
Have you submitted a Student Experiences Fund Application in the past? O Yes O No					
Were you successful in receiving funding? O Yes O No					
Name of Activity: Date of Past Activity:					
Have you completed all of your reporting requirements for previous activity?					

<sup>\*</sup>Please note that if you have not yet completed a final report from a previous HSEF application, your application will be deemed ineligible for funding.

# **Faculty Support:**

Please provide the name of a Haskayne School of Business Staff or Faculty member that is acting as an advisor or sponsor for this project, or a Staff or Faculty member that has knowledge of this project and may act as a reference for you. Please also provide them with a copy of the complete application for their 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:	
Date:	

# **Description of Activity:**

Please pro words)	ovide an overvie	ew of the activ	vity for which	n you are app	lying for fund	s. (Max 250
What do y enhance y words)	ou want to acc our personal a	omplish by tal nd profession	king part in t al developmo	his activity? F ent? Please b	How will this a e specific. (M	activity ax 250

Please select the top 3 skill development areas that will be strengthened or improved from your participation in this project or activity.
Research
Teamwork
Problem Solving
Critical Thinking
Communication
How do you plan to develop the skill areas listed in the above section?
Skill #1
What activities will you undertake to develop this skill:
How will this developed skill support your future goals:
Skill #2
What activities will you undertake to develop this skill:

How wi	ll this developed	skill support yo	ur future goals:	:	
I #3					
What a	ctivities will you	undertake to de	evelop this skill:		
How wi	II this developed	skill support yo	ur future goals:		
	·				

viduais and gro			Max 250 words		ease identif
	sitively impac		e School of Bu	siness, and/or t	he Universit
experience po lease identify		-back opportu	inities. (Max 2		
		-back opportu	ınities. (Max 2		
		-back opportu	inities. (Max 2		
		-back opportu	inities. (Max 2		
		-back opportu	inities. (Max 2		
		-back opportu	inities. (Max 2		
		-back opportu	inities. (Max 2		
		-back opportu	inities. (Max 2		
		-back opportu	inities. (Max 2		
		-back opportu	inities. (Max 2		
		-back opportu	inities. (Max 2		

# Funding Information: Secured Donors: (Please list all the names of secured donors and the donation amounts) Potential Donors: (Please list all the names of potential donors and the donation amounts, including those with whom you have requested funding.) Personal Contributions: (How much do you 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 <u>University of Calgary policies</u>.

Line	Item	Description/Justification	Quantit	Total (\$)	
Eligible Expenses					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
		Total Eligib	le Expenses:		
	Expenses (including	costs that are already free - ex. Accommo	dation wit	h family)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
			Total:		

Jup	porting Documents.
Please	e list any supporting documents that you are attaching to your application to support your request.
SEF	Applicant Policy: (Please initial each statement)
Го be	completed by the main contact:
	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 tim 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 <b>ONE</b>
	<b>MONTH</b> 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	

# **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