

Reference No. _____
(For office use only)

City University of Hong Kong
School of Continuing and Professional Education (SCOPE)
Student Development Unit (SDU)

STUDENT ACTIVITIES FUND

Application Form

(Before completing the application form, please be reminded to read the Student Activities Funds Guidelines.)
(Please type or write clearly in black)

Name of Applicant (Leader of the Activity): (Mr./Miss) _____	
Student ID No.: _____	
Program / Year: _____	E-mail address: _____
Contact Tel No.: _____	

1. Name of Activity: _____

2. Proposed Date(s)/Period: _____

3. Description of the Activity:

Programme Content:

Date: _____

Time: _____

Venue: _____

Programme rundown: _____

Detailed program if available (Attach)

How do the program objectives and content relate to the following directions (please refer to the attached guidelines for details):

C — Community Outreach: (please specify)

A — Academic Integration: (please specify)

Others: (please specify)

4. Objective(s) of the Activity:

- to enhance students' *(social / educational / recreational) life
- to contribute to the enhancement of *(campus life / student learning / personal development / outdoor activities / social services)
- to develop the student's *(leadership abilities / interpersonal skills / attitudes to serve the community / cultivate personal interests)
- Others: (please specify)

*Delete as appropriate

5. Target Participants:

No. of SCOPE students involved in organizing the activity (attach organization structure, name-list & student I.D.): _____

No. of SCOPE students expected to participate in the programme: _____

6. Advisor(s), if any: (please attach recommendation letter(s), if available.)

7. Work Schedule (please specify dates and tasks / actions):

Date	Task / Actions
	Planning
	Promotion
	Application period
	Execution
	Closing
	Others (please specify)

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Special comments:

	<u>Responsible Staff</u>	<u>Date</u>
Review Panel	_____	_____
Amount recommended: HK\$ _____		
Reply letter	_____	_____
Report, audited financial statement & bills (Deadline: _____)	_____	_____
Reimbursement	_____	_____