Seneca

Student Development Grant
Supports Learning Outside the Classroom

APPROVAL OF AN EVENT

Staff and Faculty of Seneca College and the SSF Inc. may complete this application to request funding for students to attend a particular event. Please refer to the SDG Policy for more details at www.senecac.on.ca/student/grant .

If the event is approved, and less than five students will be funded, each student will need to complete a Student Application Form as posted on the website. For greater numbers, you can supply us with a spreadsheet with names and key information. In this case, please contact Brenda Smith, SSF Inc. for the template.

Please send this at least four weeks in advance of the event so there is adequate time to promote the event to students and process student applications. You will be notified by email as to the decision.

Please type answers into the form, save the file as "(name of event) SDG" and email the file to studentdevelopmentgrant@senecac.on.ca

DETAILS OF EVENT FOR WHICH YOU ARE REQUESTING FUNDS

Name of event:

Website of event:

Location:

Duration of event (Day, Month, Year) From: To:

How did you find out about the event?

How did you find out about the Student Development Grant?

Cost per student

(a) Event registration fee: $ (b) Travel: $

(c) Accommodation $ (d) Other expenses $

How many students would you suggest funding?

Recommended amount of grant through SDG: $

Will student(s) receive other funding or grants? If yes, please detail.

How will you promote this event in a fair way to eligible students?

Would you want to be involved in the selection of students receiving the grant?   ☐ Yes   ☐ No

Why do you suggest supporting this event?

By emailing this, you are indicating that you have read and accept the Student Development Grant Policy. Also, we also ask that you acknowledge the support of Seneca Student Federation Inc. and the Student Development Grant in any promotions of this event.

Your Name:

Position:

Organization or Program:

Email this form to
studentdevelopmentgrant@senecac.on.ca

For Office Use Only

Date Received:	Approved: ☐ Yes ☐ No Amount granted: $
Notification sent:	