**The Chinese University of Hong Kong**

**Office of Student Affairs**

**Wellness and Counselling Centre**

**Student Disability Support Services**

**Sponsorship Programme on Promoting Understanding of Special Educational Needs**

**Application Form**

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| **A. Information of Applicant** |
| Name of Student Group: |  |
| Information of Chief Coordinator: | Name: | Year of Study: (UG / PG)\* |
| Student I.D. No.: | Contact No.: |
| Email: |
| Information of Second Coordinator:*(If any)* | Name: | Year of Study: (UG / PG)\* |
| Student I.D. No.: | Contact No.: |
| Email: |
| **B. Project Information** |
| Name of Project: |  |
| Project Period:  | From: To: | Target Participants: |
| Project Nature:*(Please “✓ ” all that are applicable)* | □ Booth□ Competition□ Exhibition  | □ Performance/Show□ Publication□ Research | □ Talk/Seminar/Workshop □ Others, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Availability of other funding or sponsorship for this project: *(Please “✓ ” as appropriate)* □ No □ Yes, please specify source and amount of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

*\* Please delete as appropriate*

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| **C. Project Proposal and Budget** |
| Please submit a project proposal with the completed application form. The proposal should include the following information:* Details of the project (objectives, detailed content, planned schedule, target participants, number of participants and venues of the activities);
* Estimated expenditure of individual items;
* Publicity strategies; and
* Expected impact of the project to the CUHK community

 (The project proposal can be written in English or Chinese.) |
| **D. Signature of Chief Coordinator:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Name of Chief Coordinator:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Chop of the Student Organization (if applicable)** |

Please submit the completed application form and project proposal to:

**Ms. Jasvinda Ng**

**Disability Services Manager
Wellness and Counselling Centre (OSA)**

**3/F, Pommerenke Student Centre, The Chinese University of Hong Kong**

Enquiries:

Tel.: 3943 4766 / 3943 5441 Email: sdss@cuhk.edu.hk

**To be completed by the Office of Student Affairs**

**Application Result**

□ Application approved, with the approved budget of HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Application not approved

Comments, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: 　　　/　 / Signature:

 ( dd / mm / yy ) Director of Student Affairs

 *November 2020*