

## STUDENT DEVELOPMENT GRANT

### SUPPORTING LEARNING OUTSIDE THE CLASSROOM

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#### STUDENT APPLICATION FORM

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#### APPLICATION PROCESS:

Please submit your application at least four (4) weeks in advance of the activity/opportunity/event.

1. Please read the Student Development Grant Policy and Procedures.
2. To apply, enter your information directly into this form and save the file as "(your name) SDG."
3. E-mail the file to [studentdevelopmentgrant@senecacollege.ca](mailto:studentdevelopmentgrant@senecacollege.ca).
4. You will be notified of the SDG Committee's decision by e-mail.

#### APPLICANT INFORMATION:

NAME OF APPLICANT: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

PROGRAM NAME AND CODE: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

ARE YOU A FULL TIME STUDENT: \_\_\_\_\_

ARE YOU STAFF OR FACULTY: \_\_\_\_\_

WHEN WILL YOU GRADUATE? \_\_\_\_\_

WHAT SEMESTER ARE YOU IN? \_\_\_\_\_

PROGRAM LENGTH (SEMESTERS): \_\_\_\_\_

SENECA EMAIL ID: \_\_\_\_\_

HOME ADDRESS (CITY, PROVINCE, AND POSTAL CODE): \_\_\_\_\_

TELEPHONE (HOME & CELL): \_\_\_\_\_

#### DETAILS OF ACTIVITY/OPPORTUNITY/EVENT

NAME OF EVENT: \_\_\_\_\_

WEBSITE OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DURATION OF EVENT: \_\_\_\_\_

DATE OF EVENT (FROM/TO): \_\_\_\_\_

HOW MANY DAYS WILL YOU BE ATTENDING? \_\_\_\_\_

WILL YOU BE RECEIVING FUNDING FROM ANY OTHER SENECA COLLEGE SOURCES: \_\_\_\_\_

IF "YES", EXPLAIN: \_\_\_\_\_

WILL YOU RECEIVE CREDIT BY ATTENDING THIS OPPORTUNITY/EVENT?: \_\_\_\_\_

HOW DID YOU FIND ABOUT THE STUDENT DEVELOPMENT GRANT? (EXPLAIN):

\_\_\_\_\_

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#### **COSTS ASSOCIATED WITH EVENT**

REGISTRATION FEE? (PLEASE PROVIDE PROOF OF REGISTRATION FEE): \_\_\_\_\_

TRAVEL: \_\_\_\_\_

ACCOMMODATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

#### **OBJECTIVES & OUTCOMES OF ATTENDING THIS EVENT**

OBJECTIVE: \_\_\_\_\_

OUTCOME: \_\_\_\_\_

OBJECTIVE: \_\_\_\_\_

OUTCOME: \_\_\_\_\_

#### **PLEASE PROVIDE ONE REFERENCE (FACULTY OR STAFF) WHO SUPPORTS YOUR APPLICATION:**

REFERENCE NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

#### **AGREEMENT BETWEEN ATTENDEE AND THE SENECA STUDENT FEDERATION:**

By e-mailing your application from your Seneca e-mail account, you confirm that you have read and understood the Student Development Grant Policy. You also agree to provide proof of attendance and a personal testimonial (minimum 250 words) for grants of \$50.00 or more. The Seneca Student Federation must receive all documentation within 10 days of your return from the event you attended. Once all documentation has been received, your reimbursement will be made by cheque. Reimbursement could take up to four weeks.

You also consent to the review of your personal information and academic transcript by the Student Development Grant Committee.

In your testimonial, we also ask that you acknowledge the support of the Seneca Student Federation and the Student Development Grant in any promotion of your participation in this opportunity.

E-mail this form to [studentdevelopmentgrant@senecacollege.ca](mailto:studentdevelopmentgrant@senecacollege.ca)

**THANK YOU FOR YOUR INTEREST IN THE STUDENT DEVELOPMENT GRANT!**