Clubs & Societies

Funding Application

|  |  |
| --- | --- |
| Funds from the AUBSU Clubs & Societies Account will be allocated fairly by the AUBSU. Please be as thorough as possible on this form, and bear in mind that your application will be judged alongside the following:   1. How much funding your club has had previously this academic year. 2. The balance of your Jam Jar Account 3. The number of members the event/activity/trip will benefit. | |
| Club/Society Name: | |
| Contact Name: | Contact Email: |
| Number of active people in your club: | Number of people benefitting from Grant funding: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cost of Proposal  Please provide a breakdown of travel/accommodation/food/equipment/entry fees etc. The more detail you can provide, the more accurately we can assess your application. Please add more rows if required. | | | | | | | |
| Item | | Cost | | Quantity needed | | Total | |
| E.g.: hotel accommodation | | E.g.: £40 per room | | E.g.: 6 | | E.g.: £240 | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |
| Total Cost: | | | | | | | |
| Contribution from club/society Private Account: |  | | Contribution from club /society members: |  | Amount contributed by AUBSU: | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose of application | | | | | |
| |  | | --- | | In no more than 200 words, how will this money/equipment/trip benefit the club/society: | | What forms of fundraising have you undertaken/run this year for this application? | | How long will this equipment last? | | | | | | |
| Please sign and date below to confirm that you are an elected committee member of an AUBSU Club/Society and that you have completed this form for the benefit of your membership. Two committee members must sign for the form to be accepted by the committee. | | | | | |
| **Name** | **Signature** | **Date** | **Name** | **Signature** | **Date** |
|  |  |  |  |  |  |

For AUBSU Use Only

Club/Society Committees do not need to fill in this section of the form.

|  |  |  |
| --- | --- | --- |
| Amount Granted: | | |
| Justification for funding: | | |
| Terms & Conditions applied by AUBSU: | | |
|  | | |
| APPROVAL | | |
| SU President: |  | Date: |
| SU President of Student Experience |  | Date: |