

Small Project Grant Application Form

Before completing this form, please read careful the Small Project Grant Guidelines.

Forms should be typed (Arial or Times New Roman font preferable) or handwritten clearly in black or blue ink.

1. Applicant

1.1 Type of Application (Please tick box)

Student Staff Club/Society

1.2 Applicant Details

Is this a joint application? (Please tick box)

Yes No

If yes, please select a lead application and fill in their details below.
Additional applicants please provide their details on a separate sheet.

Title: _____ First Name: _____ Surname: _____

Street Address: _____

City/Town: _____ Postcode: _____

Daytime Telephone: _____ Email: _____

College (delete as appropriate): MVM S&E HSS School: _____

Dept/Subject Area: _____

Please complete the relevant section 1.3 or 1.4 or 1.5

1.3 Staff Only

Job Title: _____ Staff ID Number: _____

1.4 Students Only

Matriculation Number: _____

Course: _____

Director of Studies: _____

Course Start Date: _____ Course End Date: _____



1.5 Clubs/Societies Only

Name of Club/Society: _____

Names of 2 Office-Bearers: 1. _____ 2. _____

Date of Registration with EUSA/Sports Union: _____

2. Project Details

2.1 Project Overview (Maximum 15 words)

'I/We are applying for a Small Project Grant to...'

2.2 Project Details



2.3 Project Start Date

3. Project Budget

3.1 Budget Breakdown

Description	£
Total	£

3.2 Other Funding

Details	£
Total	£

3.3 Grant Requested

Total Cost of the Project	£
Less Income from other Funding	£
Grant Amount Requested	£

3.4 Air Miles

If you will be flying to a destination serviced by British Airways and would like to be considered for an air mile award please tick this box.	<input type="checkbox"/>
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4. References

I fully support this application and recommend funding;

Name _____

Position _____

Signature _____ Date _____

5. Application Conditions

I have read and understood the applications conditions and guidelines. I declare that, to the best of my knowledge, the information I have supplied is correct.

Name _____

Signature _____

Date _____

6. Submit Application

Please ensure you have answered all questions and submitted application by the deadline. This deadline is strictly enforced and late or incomplete applications cannot be accepted. It is the applicant's responsibility to ensure it is received before deadline.

Deadlines

Semester 1 – 5pm on the last working day of October

Semester 2 – 5pm on the last working day of March

Please return your completed form to the address below:

Development and Alumni
The University of Edinburgh
Charles Stewart House
9 – 16 Chambers Street
Edinburgh EH1 1HT

- Faxed or emailed copies **will not** be accepted. All applications must be a hard copy to verify authorisation of referee.
- Applications without the necessary referee's authorisation **will not** be accepted.
- Applications received after this deadline **will not** be accepted and will be returned to you.

Results

Results will be reached 6 weeks after the deadline. Both successful and unsuccessful applicants will receive written confirmation of the outcome after this date. The decisions reached by the Secretary of the Trust are final and under no circumstances will decisions be changed.

Further Assistance Required

If you need any further information or assistance please contact Heather Wallace on 0131 650 9639 or email heather.wallace@ed.ac.uk

