

Hong Kong Baptist University
Faculty of Social Sciences
Student Experiential Learning Grant, AY2018/19 (3rd round)

Application Form

Notes

1. Please read the guidelines carefully before filling out this form **in English** and please print clearly.
2. **Section A, B, C & D** of this form is to be completed by the Applicant / Group Leader with the recommendation of the Mentor / Advisor and the Head of Department / Programme Director/ Broad-based Admission Programme Coordinator.
3. The completed form together with **supporting/relevant documents** should be submitted to the Faculty Office of Social Sciences by email to sosinfo@hkbu.edu.hk before the deadline of application. Incomplete / late application will NOT be considered.
4. Individual / group applications submitted with same activity proposal stated in Section B (1-8) of this form will NOT be approved.
5. The information provided hereunder will be used for processing your application and will be presented to the Faculty for consideration and deliberation.
6. Application results will be released via HKBU email.

SECTION A: Details of Applicant(s)

Application Type (please ✓ as appropriate) Individual Group of 3 to 5 students

Individual Applicant / Group Leader

Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

Group Members (For Group Application only)

1 Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

2 Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

3 Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

4 Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

Mentor / Advisor (Teaching Staff)

Applicant is required to seek for the advice on the proposed activity from a teaching staff of Department/Faculty.

Name (English) _____ (Chinese) _____
 Department _____ Office Location: _____
 Email Address _____ Tel. / Ext. _____

SECTION B: Details of the Proposed Activity

1. **Name of Activity**

2. **Type of Activity** (please ✓ as appropriate)

- Internship / Placement Field Trip / Study Tour Training Course / Workshop
 Research Project Community Project Conference / Seminar
 Competition Other (please specify) _____

3. **Date of Activity**

From to (YYYY/MM/DD)

4. **Location / Venue**

5. **Objectives**

6. **Intended Learning Outcomes**

7. **Project Plan / Schedule** (Use separate sheets if necessary)

Date (YYYY/MM/DD)	Description

8. Proposed Budget with breakdown and supporting documents

Item	Description	Estimated Amount (HK\$)	Supporting Document (Appendix)*
Travel expenses *			
Accommodation expenses *			
Registration fees *			
	Total		

* Please provide the quotations/supporting documents and mark the relevant Appendix no. on each of the separate sheet. Actual breakdown with original of receipts will be submitted after the completion of activity.

9. Previous Application for the Student Experiential Learning Grant /Other Sources of Funding

Please ✓ as appropriate:

- This proposed activity had not been / will not be funded by other sources of funding.
- This proposed activity had been funded by the Faculty's Student Experiential Learning Grant before (Please specify Academic Year _____).
- This proposed activity had been funded by other funding sources (please give the details under Point 10 below)
- This proposed activity will be submitted to other sources of funding for support (please give the details and expected date of application result announcement under Point 10 below).

10. Remuneration / Other Funding Sources (if applicable)

If the activity for which the applicant(s) will also receive remuneration or funding from other sources (e.g. internship organisations, departments, programme offices), their amount of support will also be taken into account when consideration the grant. Please list the details of the remuneration / funding will be received:

Name of Organisations/ Offices/ Individuals	Contact Email/ Phone	Details of Support / Amount

11. Additional Information (Please use separate sheet, if necessary)

12. Quotations and Supporting Documents

To facilitate the vetting and processing of the application, applicant(s) have to attach the following supporting documents together with this application (*please ✓ as appropriate*):

- Quotations for traveling expenses (e.g. airfare or train tickets) listed on Point 8
- Quotations for accommodation expenses (e.g. hotel fee) listed on Point 8
- Supporting documents that provide details about the activity

13. Declaration

I (We) hereby confirm that this proposed activity is not a Major / graduation required / credit bearing course and declare that all information provided is true and accurate. I (We) will inform the Faculty of Social Sciences immediately whenever differences arise after the submission of the form. I (We) understand that the information provided will be used for matters related to the administration of the Student Experiential Learning Grant. I (We) also have the responsibility to determine if any inoculation/medical intervention or insurance is required for travel related to the activity and to ensure that these requirements are completed appropriately before departure.

Signature of Applicant / Group Leader

Date

SECTION C: Recommendation of the Mentor / Advisor

Note: The Student Experiential Learning Grant (SELG) aims to provide financial support for students engaging in non-local experiential learning opportunities (not purely touristic experience). The Applicant / Group should seek advice from the Mentor / Advisor on the objectives/ILOs and related safety issues of the proposed non-local experiential learning activity mentioned in Section B.

- Recommended Not Recommended (*please ✓ as appropriate*)

Comments:

Signature of the Mentor/Advisor _____

Date _____

SECTION D: Recommendation of the Head of Department / Programme Director / Broad-based Admission Programme Coordinator

Note: The Student Experiential Learning Grant (SELG) aims to provide financial support for students engaging in non-local experiential learning opportunities (not purely touristic experience) recommended by the Department / Programme.

- Recommended Not Recommended (*please ✓ as appropriate*)

Comments:

Signature _____

Name _____

Dept./Prog. _____

Date _____

For Office Use

Received on: _____

Checked on: _____

First Time Application

Yes

No

Last application Ref. No. _____

SECTION E: Approval (For Office use)

- Approval / disapproval of applications should be completed by the Faculty Office.
- Applicant / Group Leader should sign to indicate acceptance / refusal of the grant.

Ref. No.: _____

Part I: For Faculty Office

Individual Applicant / Group Leader

Name (English) _____ (Chinese) _____ Student No. _____

Study Programme _____ Year _____

Name of Activity _____

Resolution:

Approved Rate of support: _____ % based on the budget estimate of the application and up to _____ HK\$

Not approved

Remarks _____

Signature _____ Date _____

Associate Dean (Learning and Teaching)
Faculty of Social Sciences

Part II: For Applicant / Group Leader

Acceptance / Refusal of Grant

I (We) will accept decline the grant up to HK\$ _____ for the above-mentioned activity.
(please refer to Part I above)

I (We) state that, in case of acceptance, I (we) will fulfil the obligations as stipulated in the policy guidelines on Student Experiential Learning Grant. I (We) will submit all required materials to the Faculty of Social Sciences and conduct a sharing presentation upon the completion of the activity and understand that the information provided would be used by the Faculty of Social Sciences for reimbursement, publicity and sharing purposes. I (We) note that the reimbursement is based on the above-mentioned approved funding rate (%) of actual expenses of the activity up to the amount of approved grant.

Signature _____ Student No. _____

Name in block _____ Date _____

SECTION F: Reimbursement (For Office use)

- The Applicant/Group Leader should submit the reflection report and the summary of expenses with original of official receipts together with the proof of activity attendance/completion to the Faculty Office.
- The Faculty Office should check all the receipts and send them together with the completed Reimbursement Form to the Finance Office for reimbursement process.

Submission by Applicant / Group Leader

Report Photos Receipts Activity proof Submitted on: _____ (YYYY/MM/DD)

Total Amount of reimbursement: HK\$ _____ Account code _____

Reimbursement Form No. _____ Date to Finance Office _____

Cheque Received by the Applicant / Group Leader

Cheque No. _____ Issue Date _____

Signature _____ Student No. _____

Name in block _____ Date _____