Alumni Impact Fund for students application form

Please complete this form with as much detail as possible about your project. You should be able to demonstrate that the specifics of your project have been thought out and that your objectives can realistically be achieved within the timings set.

* Required

Application type

1. Please select one *	:::
☐ Individual	
Guild Group	
UB Sport	
C EPS Group	
Other	

Contact details

2.	Group name (please leave this section blank if you are applying as an individual)
	Project Lead #1
	Full name *
4.	Committee position (if applicable)
	Email address (please note we will email the result of your application to the project lead's email provided) *
	Project Lead #2
	Full name
7.	Committee position (if applicable)
8.	Email address

Staff Advocate Details

Please identify the member of staff who has approved your project. If you are applying from UB Sport, this should be your Club Development Officer. If you are applying from the Guild, this should be your Student Group Coordinator. All other groups and individuals need to gain approval from a member of staff in their department. This person must be a budget holder i.e. they will be able to accept and distribute your funding.

9.	Full name
10.	Job title
11.	Email address
12.	My staff advocate has approved my project and emailed Lydia Buffery to confirm.
	○ Yes
	○ No

Project details 13. Name of project * 14. Describe your project in 125 words * 15. What positive impact will the project have on the student community and/or your student group? * 16. Key dates for project * 17. Total amount of funding requested * 18. Full breakdown of how funding will be spent and when * 19. If I am awarded funding, I agree to provide a 'Thank You' message to alumni donors, provide regular updates on the project's progress and a short report on the project's success once it is completed. This includes photos/videos where appropriate,

Yes

O No