



**Student Development Grant
Supporting Learning Outside the Classroom**

STUDENT APPLICATION FORM

Before proceeding, please read the SDG policy available at www.senecac.on.ca/student/grant. To apply, type answers into the form, save the file as “(your name) SDG,” and email the file to studentdevelopmentgrant@senecac.on.ca. You will be notified by email as to the decision.

Today’s date:

Name: _____ Student I.D. _____

Telephone: (home) _____ (cell) _____

Home Address:

City: _____ Prov. _____ Postal Code: _____

Program Code and Full Name:

Current semester: _____ of _____ Campus: _____

Seneca Learn E-mail: _____

DETAILS OF DEVELOPMENT ACTIVITY FOR WHICH YOU ARE REQUESTING FUNDS

Name of event:

Website of event:

Location:

Duration of event (Day, Month, Year)

From: _____ To: _____ How many days are you attending? _____

Is this your first time to attend this event? Yes No

How did you find out about the Student Development Grant?

Cost

(a) Event registration fee: \$

(b) Travel: \$

(c) Accommodation: \$

(d) Other expenses: \$

How will you benefit from this experience?

Please have one reference, a faculty or staff member who will support your application.

Reference Name:

Position

School:

Agreement between you, as student and Seneca College:

By emailing this from your learn account, you confirm that you have read and accept the Student Development Grant Policy. You also agree to submit proof of attendance, a receipt for the event and a follow up report for grants of \$50 or more. Four weeks after the receipt of these, a cheque will be available at your campus SSF office. (The policy and the follow up form are available at www.senecac.on.ca/student/grant.)

You also consent to the review of your personal information and academic transcript as captured in the Student Information Record System (SIRIS) by the Student Development Grant committee members.

Also, we also ask that you acknowledge the support of Seneca Student Federation Inc. and the Student Development Grant in any promotion of your participation in this event.

Email this form to studentdevelopmentgrant@senecac.on.ca

For Office Use Only

Date Received: Approved: Yes No Amount granted: \$

Date of Notification to Applicant:

Date of Receipt of follow up report, receipts, and proof of attendance:

Date Paid: By what means:

Date entered into database: Date posted to website: