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| For Use by FES Only  | Application No.:  | Activity Serial No.: |

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| *Before Application:*1. *Please read in detail the relevant section in the Application Guidelines on “Funding for Higher Education Student Activities” to ensure that the application meets the following conditions:*
* *The application is comprised of an application form, a budget of income and expenses and a proposal, together with relevant certified documents depending on who is applying for the funding (either in the name of an individual or of an association/institution).*
* *The applicant is eligible for funding application* (please refer to the “Specifications for Funding Projects”)*;*
* *The activity applied for funding must meet the “Approval Criteria” in the “Guidelines”.*
* *The application should be submitted before the activity starts, and within the application period.* (“Applications through ‘Funding for Individual Higher Education Student Activities’” are normally to be submitted at least 45 days before the activities start. Without valid reasons, the Higher Education Fund will not accept any exceptional applications.)
1. *Please be noted that the eligibility of applicants is not equivalents to the approval of their applications for funding. The Higher Education Fund will reply through official letters whether the application is approved or not.*
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| Applied Project |
| ☐ | “Funding Scheme for Higher Education Student Activities” |
|   | ⭘ | Funding for Annual Activities Organized by Higher Education Student Associations |
| ⭘ | Funding for Projects on Specific Themes *(Please specify the area)* : |
| ☐ | “Funding for Individual and Single Higher Education Student Activities” |
| Name of Activity |  |
| Activity held for the first time? ☐Yes　☐ No | Priority Order of Activity : |  | / |  |
| *(for application with more than one activity)* | Priority order |  | Total no. of activities |

| Applicant’s Information(*If the application is submitted in the name of an association or higher education institution, the name of the association or institution is the applicant’s name; if the application is submitted in the name of an individual, it should be that of the individual.)* |
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| Applicant | Name: |
| Address: |
| Contact No.: | Email: | Fax: |
| ☐  | The statute of the association or organization published in the *Official Gazette of the Macao Special Administrative Region* has once been submitted, and it remains unchanged. |
| ☐  | The organizational chart has once been submitted, and it remains unchanged. |
| ☐ | The bank account information has once been submitted, and it remains unchanged. |
| First Contact Person/ Person in Charge ofActivity | Name: | Contact No.: | Email: |
| Title: | Agree to receive information through SMS, if necessary?☐ Yes　 ☐ No |
| Second Contact Person(*if applicable*) | Name: | Contact No.: | Email: |
| Title: | Agree to receive information through SMS, if necessary?☐ Yes　 ☐ No |

| Overview of Activity(*Please include details in the proposal.)* |
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| Objectives(*About 100 words*) |  |
| Content & Format(*About 150 words*) |  |
| Expected Target |  | Estimated No. of Participants |  |
| Activity Period | Expected Start Date: | Expected End Date: |
| Place/Venue |  |

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| Budget(*Please list details in the income and expenses budget*) |
| Items | Amount (MOP) |
| Total Expenses |  |
| Estimated Income:  | Amount (MOP) |  |
| Funding intended to be applied from Higher Education Fund  |  |
| Amount intended to be borne by applicant |  |
| Fees intended to be collected from participants |  |
| Other expected income sources and revenues, or funding intended to be applied from other departments or organizations:(*Please state the status, for example, “Intend to apply”, “Waiting for approval”, “Confirmed”.)* |
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| Total Income (*must balance with total expenses*) |  |
| Basis for Budgeting *(multiple choices)*: |
| ☐ Based on the situations of similar activities organized before. |
| ☐ Based on the past experience of organizing similar activities. |
| ☐ Based on data collection. |
| ☐ Others *(please specify)*:  |
| Application for Pre-paid Funding: ☐ Yes　 ☐ No(*Only applicable to applications for the “Funding for Individual and Single Higher Education Student Activities”. the Higher Education Fund, according to the approval outcome, will notify the beneficiary to complete the procedure by submission of necessary information/documents; other applications for pre-paid funding, based on relevant provisions, are to be made before the launching of activities.)* |

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| Declaration |
| I hereby declare that:1. the application information is true and accurate, and I promise to fulfil the obligations listed in the *Application Guidelines on “Funding for Higher Education Student Activities”* and bear the consequences of non-fulfilment of the obligations after receiving funding from the Higher Education Fund.
2. I have acknowledged the provisions of the *Application Guidelines on “Funding for Higher Education Student Activities”*, and will timely submit the necessary information/documents.
3. Declaration of collecting personal data:

In accordance with the relevant provisions of Law No. 8/2005 on “Personal Data Protection”,* the personal data of the applicant included in the application for the “Funding for Higher Education Student Activities” will only be used to process issues directly relevant to the current application.
* under the circumstances of meeting the application objective or fulfilling legal obligations, the application information may be transferred to other organizations or authorized entities.
* the applicant has the right to legally apply for access, correction, deletion or archiving of the corresponding personal data stored in the Higher Education Fund.
* the Higher Education Fund will follow the relevant provisions of Law No. 8/2005 on “Personal Data Protection” when processing the collected personal data. Please visit the relevant website for the aforementioned law.
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| Applicant(*If the application is submitted in the name of an association or higher education institution, the applicant’s name here should be that of the management personnel or authorized personnel; if the application is submitted in the name of an individual, then it should be the name of the individual applicant.)* | Stamp(*not applicable to individuals as applicants*) |
| Name |  | Title(*if applicable*) |  |  |
| Signature |  | Date |  |

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| For Use by Supporting Staff Only |
| Status of Document Review | ☐ Information is adequate.☐ Supplementary information is required. | Remarks: |
| Date for First Submission |  |
| Date for Submission of Supplementary Information |  |
| Processed by |  |