\* Before filling in the form, please read carefully to the *Application Guidelines*, *Supplementary Notes: Amendment/Cancellation of Activity* and *Assessment Criteria* related to the Subsidy for Higher Education Student Activities and submit other required information. Relevant information can be downloaded from the Office’s webpage: https://www.gaes.gov.mo/eng/students/plan\*

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| --- |
| Personal Data Collection Statement  In accordance with relevant provisions of Law No. 8/2005 *Personal Data Protection Law*:   1. Personal data provided by applicants will be used solely for the purpose of application for the “Subsidy for Higher Education Student Activities”. 2. To fulfil purpose of application or legal obligations, above information may be transferred to another agency or permitted entity. 3. Applicants shall be entitled to apply for access, correct, delete or archive personal at our office in accordance with the law. 4. All collected personal data will be processed in accordance with relevant provisions of Law no. 8/2005 Personal Data Protection Law. To read details of the law above, please visit the related website. |

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| --- | --- | --- | --- | --- |
| CATEGORY | | | | |
| Subsidy Scheme: | Subsidy for Annual Activities of Higher Education Student AssociationsSubsidy for Projects on Specific Themes | | | Single Application |
| Subsidy Application | | Application for Amendment | Activity Cancellation | Others: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT INFORMATION | | | | | | | |
| Name | (For association, please fill in the name of the association. For individual, please fill in the name of the applicant.) | | | | | | |
| Address |  | | | | | **Fax** |  |
| Contact person 1 of the activity |  | Title |  | Contact No. |  | Email |  |
| Contact person 2 of the activity |  | Title |  | Contact No. |  | Email |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Information  (Please attach a proposal for details) | | | | | | | | |
| Name of Activity |  | | |  | | / |  | |
| Preferred order of the activity | |  | Number of activities | |
| (Has this kind of activity been held?  Yes  No) | | | (If more than one activity is applied, please fill in the above) | | | | |
| **Co-organizer** |  | | Joint-organizer(s)/ other partner organization(s) | |  | | | |
| Objective |  | | **Type** | |  | | | |
| Description |  | | **Target** | |  | | | |
| **No. of participants** | | Student Staff : | | | |
| Participants: | | | |
| Location |  | | **Date and Time** | |  | | | |
| Budget  (For “Application for Amendment”, please provide up-to-date information) | **Income** | **Amount**  **(MOP)** | **Expenditure**  (Please attached a separate sheet and state each item clearly) | | | | | Amount  (MOP) |
| Amount to be applied from GAES |  |  | | | | |  |
| Amount to be received from participants |  |
| Amount at the beneficiary’s own expense |  |
| Other sources of sponsorship or income: | |
|  |  |
|  |  |
| **Total** |  | **Total** | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Application for Amendment | | Activity Cancellation | |
| Original Arrangement |  | Reason |  |
| **Reason** |  |
| Amended Arrangement |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration | | | | | | | For Official Use Only |
|  | The above information has been verified. I / The Association will bear all legal liability arising therefrom. | | | | | |  |
|  | The requirements stated in the *Application Guidelines* for the Subsidy for Higher Education Student Activities are acknowledged. I / The Association will carry out the related obligations and bear the consequences and responsibilities of failing to fulfil the obligations. | | | | | |
| Name  (Person in charge of the association / Applicant) | |  | Signature and  Date  (DD/MM/YY) |  | Stamp  (Applicable to association) |  |
| Title  (Applicable to association) | |  |