**Alumni Fund Grant application form**

*(Please refer to the Application Guidelines before completing this form)*

**Applicant details**

|  |  |
| --- | --- |
| **Name** |  |
| **Job title** |  |
| **Department** |  |
| **Email** | **Phone** |

**Project details**

|  |  |
| --- | --- |
| **Project title** |  |
| **Project start date** | **Project completion date** |

|  |  |
| --- | --- |
| **Amount requested from the Alumni Fund** | £ |

|  |  |
| --- | --- |
| **Total cost of the project** | £­­­­­­­­­­­­­ |
| **What other sources of funding have been approached?**  |
| **How much, if any, has been secured?**  | £ |
| **Do you require recurrent or future funding to sustain this project?** | Yes No |
| **If ‘Yes’, how do you plan to seek additional funding?** |
| **Please tell us the different channels through which you will be able acknowledge the support of the Alumni Fund. (eg. prominent thank you message in a publication, notice on your website, etc.)** |

|  |
| --- |
| **Please explain what your project is and how it meets the criteria for support from the Alumni Fund.**This must include information about how the project will enhance the student experience; a detailed budget for your project and an estimation of the number of people likely to benefit. Please include all the relevant information in this document. We will not accept supplementary documentation and attachments. (no more than two sides of A4) |

**Declaration** *(For completion by the applicant)*

* I declare that, to the best of my knowledge, the information I have supplied is correct
* I have read and understood the terms and conditions of acceptance

|  |  |
| --- | --- |
| **Signature** | **Date** |

**Application authorisation** *(For completion by Head of Department/School)*

In the case of multiple applications from your department you are required to prioritise/rank the projects.

|  |  |
| --- | --- |
| **Name of the Head of Department/School (printed)** |  |
| **Email** | **Phone** |

|  |  |
| --- | --- |
| **Priority of this application** | (low) 1 2 3 4 5 (high) |

|  |
| --- |
| **Please add any comments or clarifications** |

|  |  |
| --- | --- |
| **Signature** | **Date** |

**PLEASE RETURN by Monday 1 August, 2016 at 5.00pm to the Development and Alumni Office.**

Tel. 020 7380 3106

Email: alumni@bbk.ac.uk