Place, Date

# EWDA SC LogoEWDA Student Chapter Small Grant Application Form

Complete this application form to request funding. The included budget should identify activities to be funded by the Small Grant, activities to be funded by other sources, the total amount for each activity, and the final total for all proposed activities. Please refer to the application guidelines found on the EWDA Student Chapter [website](https://ewdastudent.wordpress.com/one-health-student-school-2017/) for further details (i.e. allowable expenses and eligibility requirements).

1) Applicant information: Please fill out the table and answer the questions below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Phone | Email |
| Country representative |  | + |  |
| Co-organiser 1 |  | + |  |
| Co-organiser 2 |  | + |  |

Which country do you represent?

In what year did you become EWDA Country Representative?

2) Activities: In several paragraphs (no longer than 1 page), please clearly describe the proposed activity. At minimum, you should include the following information, when relevant:

* Description and location of events, workshops, etc.
* Target audience and estimated number of participants for each event
* Name of invited speakers and topics of presentations
* Destination and purpose of field trips

3) Budget: Please provide detailed expenses for the activity. Fill out all the sections and add additional rows to the table as needed. The table title of each activity should match the description of the event as described in section #2 above. The first line of this table has been filled in as an example and should be deleted when you fill out the application.

|  |  |  |  |
| --- | --- | --- | --- |
| In | | Out | |
|  | Amount |  | Amount |
|  | **€** |  | **€** |
| *e.g. Faculty support* | *50* | *e.g. Travel costs speaker* | *25* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  | **Total** |  |

Please describe any fundraising activities conducted: