



# STUDENT LEADERSHIP BODIES / PROGRAMME SUBSIDY APPLICATION FORM

1. NAME OF STUDENT LEADERSHIP BODY: \_\_\_\_\_

2. INDICATE NATURE OF EVENT:

- Social Function
- Day-Outing *(Please Fill In the Letter of Consent)*
- Over-night Outing *(Please Fill In the Letter of Consent)*
- Others *(Please state)* \_\_\_\_\_

3. OBJECTIVE(S) OF EVENT: \_\_\_\_\_  
\_\_\_\_\_

4. DATE: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

5. EXPECTED NO. OF PAX: \_\_\_\_\_

6. VENUE:

- Classroom: \_\_\_\_\_
- Energy Hub
- Multi-Purpose Hall
- Field
- Others *(Please state)* : \_\_\_\_\_
- External *(Please state)* : \_\_\_\_\_

7. The following attachments **MUST** be submitted with this application:

- PROPOSAL *(Details of event/activity)*
- BUDGET *(Breakdown by items and subsidy amount)*
- ANY OTHER RELEVANT INFORMATION

.....  
Signature of President / Project Manager  
Name : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date : \_\_\_\_\_

.....  
Signature of Advisor / Supervisor (Sunway University Staff)  
Name (as per IC) : \_\_\_\_\_  
IC No. : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Date : \_\_\_\_\_

.....  
*For Office Use Only (Student Services Department)*

Remarks: \_\_\_\_\_

- Subsidy Approved, RM: \_\_\_\_\_
- Approved by Ms. Lee Siok Ping, Director of Student Services Department

Signature: \_\_\_\_\_

Date: \_\_\_\_\_