

Student Experiential Learning Grant, AY2021/22 (3rd round)

Application Form - Non-credit bearing Activities (Type A)

Notes

- Please read the guidelines carefully **before filling out this form**.
- This form must be **TYPED clearly in English** (Section A & B) by the Applicant / Group Leader with (Section C) the recommendations of the Mentor / Advisor, and (Section D) the Head of Department / Programme Director (*for Year 1 Personal, Social and Humanities Education/ (Global and) China Studies Programme students*)/ Broad-based Admission Programme Coordinator (*for Year 1 BA/BSSC students*).
- The completed form (**Section A, B, C & D**) together with **supporting/relevant documents (in English)** should be submitted to the Faculty Office of Social Sciences **by email to sosinfo@hkbu.edu.hk** on or before the deadline of application. **Retrospective/ incomplete / late application will NOT be considered.**
- Individual / group applications submitted with the same activity proposal stated in Section B (1-9) of this form will NOT be approved.
- By submitting the application, the applicant acknowledges that he/she has read and understood the "Privacy Policy Statement" and "Personal Information Collection Statement" (PPS/PICS) from the University (Available [here](#)). And applicants have authorised the Faculty Office to use those information/data collected hereunder for the purpose of SELG and any other related purposes for the exercise. They will be presented to the Faculty and other appropriate parties in the University for consideration and processing.
- Application results will be released via HKBU email.

SECTION A: Details of Applicant(s)

Type (please ✓ as appropriate) Individual Group of 2 students Group of 3 to 5 students

Individual Applicant / Group Leader

Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

Group Members (For Group Application only)

1 Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

2 Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

3 Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

4 Name (English) _____ (Chinese) _____ Gender _____
 Student No. _____ Study Programme _____ Year _____
 Cumulated GPA _____ Expected Graduation Year _____ Mobile No. _____

Mentor / Advisor (Academic/Teaching Staff)

Applicant(s) is/are required to seek advice on the proposed activity from an academic/ teaching staff of the Department/Faculty.

Name (English) _____ (Chinese) _____
 Department _____ Office Location _____
 Email Address _____ Tel. / Ext. _____

SECTION B: Details of the Proposed Activity

1. **Name of Activity** (Please translate it into English if there is no official English name for the proposed activity)

2. **a. Type of Activity** (please ✓ as appropriate)

- | | | |
|--|--|---|
| <input type="checkbox"/> Internship / Placement | <input type="checkbox"/> Short-Term Exchange | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Service Learning Trip | <input type="checkbox"/> Study Tour | <input type="checkbox"/> International Festival |
| <input type="checkbox"/> Conference / Seminar | <input type="checkbox"/> Competition | <input type="checkbox"/> Training Course / Workshop |
| <input type="checkbox"/> Foreign Language Enrichment | <input type="checkbox"/> Research Project | <input type="checkbox"/> Community Project |
| <input type="checkbox"/> Others (please specify) | | |

b. Mode of Activity (please ✓ as appropriate)

- | | | |
|---------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Online | <input type="checkbox"/> Mixed | <input type="checkbox"/> Face-to-face |
|---------------------------------|--------------------------------|---------------------------------------|

3. **Date of Activity** (Activity should be conducted within the eligible period)

From to (DD/MM/YYYY)

4. **Location / Venue**

5. **Objectives and Intended Learning Outcomes** (Please ✓ as appropriate, can choose more than one)

- Enhancing academic and social integration
- Building perspective and a better understanding of different cultures
- Harnessing curiosity and engagement with the world
- Developing critical thinking, problem-solving skills and creativity
- Providing useful experiences for future studies (e.g. semester/year-long exchange programme), research or career (e.g. improving foreign language skills)
- Others (please specify): _____

Please elaborate

6. **Description of the Activity**

7. **Description of Benefit of the Activity on your Global Outlook, and/or Academic Development, and/or Personal Development, and/or Professional Development, and/or Other Areas**

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8. **Project Plan / Schedule** *(Use separate sheet(s) if necessary)*

Date (DD/MM/YYYY)	Mode	Description

9. **Proposed Budget with breakdown and supporting documents[^]**

[^] Please translate the content into English if the language used in the supporting documents is not English.

Item	Description	Estimated Amount (HK\$)	Supporting Document [^] (Appendix No.)*
Travelling expenses *			
Accommodation expenses *			
Registration fees *			
	Total #		

* Please provide the quotations/supporting documents and mark the relevant Appendix number accordingly on each of the separate sheet (if any). An actual breakdown with original receipts should be submitted after completion of the activity.

The amount of reimbursement will be based on the approved funding rate (%) of actual expenses of the activity which will not exceed the approved grant maximum.

Previous Application for the Student Experiential Learning Grant / Other Funding Sources

10. Please ✓ as appropriate:

- This proposed activity has not been / will not be funded by other sources of funding.
- This proposed activity has been funded by the *Faculty's Student Experiential Learning Grant* before (Please specify Academic Year: _____).
- This proposed activity has been funded by *other funding sources* (please give the details under Point 11 below)
- This proposed activity will be submitted to *other sources of funding* for support (please give the details and expected date of application result announcement under Point 11 below).

11. Remuneration / Other Funding Sources (if applicable)

If the activity for which the applicant(s) will also receive remuneration / funding from other sources (e.g. internship organisations, departments, programme offices), their amount of support will also be taken into consideration. Please list the details of the remuneration / funding to be received:

Name of Organisations/ Offices/ Individuals	Contact Email/ Phone	Name of the Support & Amount (HK\$)	Expected date of application result announcement (if applicable)

12. Additional Information (Please mark the relevant Appendix number accordingly on each of the separate sheet, if any)

13. Submission Checklist

To facilitate the vetting and processing of the application, applicant(s) **MUST** provide the following supporting documents together with this application (please ✓ as appropriate):

- Quotations for travelling expenses (e.g. airfare or train tickets) listed on Point 9
- Quotations for accommodation expenses (e.g. hotel fee) listed on Point 9
- Supporting documents that provide details about the activity (Information given via links will NOT be accepted)
- Recommendations from the Mentor/Advisor and Department/Programme (Section C & D of this form)

14. Declaration

I (We) hereby confirm that this proposed activity is **NOT** a Major / graduation required / credit bearing course and declare that all information provided is true and accurate. I (We) will inform the Faculty of Social Sciences immediately whenever differences arise after the submission of the form. I (We) understand that the information provided will be used for matters related to the administration of the Student Experiential Learning Grant. I (We) also have the responsibility to determine if any inoculation/medical intervention or insurance is required for travel related to the activity and to ensure that these requirements are completed appropriately before departure.

Signature of Applicant / Group Leader

Date

SECTION C: Recommendation of the Mentor / Advisor (Academic/Teaching Staff)

Note: The Student Experiential Learning Grant (SELG) aims to provide financial support for students engaging in non-local experiential learning opportunities (not purely touristic experience). The Applicant / Group should seek advice from the Mentor / Advisor on the objectives / ILOs and related safety issues of the proposed non-local experiential learning activity mentioned in Section B. The Mentor / Advisor will evaluate the Reflection Report and Video of the Applicant / Group after completion of the activity.

Recommended Not Recommended *(please ✓ as appropriate)*

Comments:

Signature of the Mentor/Advisor _____ Date _____

SECTION D: Recommendation of the Head of Department / Programme Director *(For Global and China Studies Programme students only)* / Broad-based Admission Programme Coordinator *(For Year 1 BA/BSSC students only)*

Note: The Student Experiential Learning Grant (SELG) aims to provide financial support for students engaging in non-local experiential learning opportunities (not purely touristic experience) recommended by the Department / Programme.

Recommended Not Recommended *(please ✓ as appropriate)*

Comments:

Signature _____ Name _____

Dept./Prog. _____ Date _____

For Office Use

Received on:		Checked on:	
First Time Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last application Ref. No.	

SECTION E: Approval (For Office use)

1. Approval / disapproval of applications should be completed by the Faculty Office.
2. Applicant / Group Leader should sign to indicate acceptance / refusal of the grant.

Ref. No.: _____

Part I: For Faculty Office

Individual Applicant / Group Leader

Name (English) _____ (Chinese) _____ Student No. _____

Study Programme _____ Year _____

Name of Activity _____

Resolution:

Approved Rate of support: _____ % based on the budget estimate of the application and up to HK\$ _____

Not approved

Remarks _____

Signature _____ Date _____

Associate Dean (Learning and Teaching)
Faculty of Social Sciences

Part II: For Applicant / Group Leader

Acceptance / Refusal of Grant

I (We) will accept decline the grant up to HK\$ _____ for the above-mentioned activity.
(please refer to Part I above)

I (We) state that, in case of acceptance, I (we) will fulfil the obligations as stipulated in the policy guidelines on the Student Experiential Learning Grant (SELG). I (We) will submit all required materials to the Faculty of Social Sciences and conduct a sharing presentation upon the completion of the activity and understand that the information provided would be used by the Faculty of Social Sciences for reimbursement, publicity, and sharing purposes. I (We) note that the reimbursement is based on the above-mentioned approved funding rate (%) of actual expenses of the activity up to the amount of the approved grant maximum.

Signature _____ Student No. _____

Name in block _____ Date _____

SECTION F: Reimbursement (For Office use)

1. The Applicant/Group Leader should submit the reflection report, video and the summary of expenses with original official receipts together with the proof of activity attendance/completion to the Faculty Office.
2. The Faculty Office should check all the receipts and send them together with the completed Reimbursement Form to the Finance Office for the reimbursement process.

Submission by Applicant / Group Leader

Report Photos Video Receipts Activity proof Submitted on: _____ (YYYY/MM/DD)

Total Amount of reimbursement: HK\$ _____ Account code _____

Reimbursement Form No. _____ Date to Finance Office _____

Cheque Received by the Applicant / Group Leader

Cheque No. _____ Issue Date _____

Signature _____ Student No. _____

Name in block _____ Date _____