Student Affairs Office

Form/SAO 11b/201808

Wofoo Community Service Learning Foundation Fund

和富社會服務學習基金

Application Form

Important Notes:

Name of Student Group (if any):

Project Title:

- 1) Before completing this application form, please read through the Guidelines of Wofoo Community Service Learning Foundation Fund (Guideline/SAO 11/201808).
- 2) Submit the application with supporting documents to SAO before 30 October or 31 March.

Section A: Particulars of Activity Leaders or Individual Applicant

- 3) Submit the evaluation report to SAO within ONE month upon completion of the activity.
- 4) For enquiries, please contact SAO (tel. 3190 6660 or email sao@twc.edu.hk).

Principal Coordinator Members Section B: Details of the Project	Coordinator and Member	s			
Section B: Details of the Project Date(s):	Position	Name	Student ID.	Programme of Study	Phone No.
Section B: Details of the Project Date(s):	Principal Coordinator				
Date(s): Time: Venue: Objectives*: Expected No. of Participants: Expected No. of Helpers: Service Target(s): Children Youths Parents Elderly Socially underprivileged Others, please specify: Format: Seminar Talk Workshop Training Course Exhibition Others, please specify: Format: Seminar Talk Publication Fun Fair / Booth Others, please specify: Please attach programme/proposal of the project. Please attach programme/proposal of the project. Please Ilist clearly and attach additional sheets if necessary Income Items Membership fee Grant expected from TWC Participants' fee (if any) External Sponsorship (if any)* Others (please specify)	Members				
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External Sponsorship (if any)* Others (please specify)	Grant expected from TW	C			
Others (please specify)					
* * */		any)*			
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			100		

Student Affairs Office

Wofoo Community Service Learning Foundation Fund

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Application Form

Details

Expenditure <u>Items</u>

	_	
	Total Estir	nated Expenditure
* Please give a detailed breakdown of the income and expe	anditura itams & supporting proof of any source(s) of s	nonsarshin
Trease give a detailed breakdown by the income and expe	nature tiems & supporting proof of any source(s) of sp	oonsorsnip.
Section D: Declaration		
We, the undersigned, being the principal coapplication form is accurate to the best of out the Application Guidelines for the Wofoo Con	ir knowledge. We understand and accept	the requirements and conditions listed in
Principal Coordinator		
Signature	Name	Date
President of the Student Organisation (if ap	pplicable)	
Signature	Name	Date
Treasurer of the Student Organisation (if a	pplicable)	
Signature	Name	Date
Student Organisation's Chop (if applicable)	

Amount (HK\$)

Student Affairs Office

Wofoo Community Service Learning Foundation Fund

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Evaluation Report

(To be submitted to SAO within ONE month upon completion of the activity)

Section A:	Particulars of Activity Leaders or	Individual Applicar	nt	
Project Title:				
	ent Group (if any):			
Coordinator ar	nd Members			
Position	Name	Student ID.	Programme of Study	Phone No.
Principal Coordinator				
Members				
Date(s):	Time:	Ve	enue:	
Objectives:	1 inic.			
	 Others, please specify: Seminar □ Talk □ Wo □ Competition □ Publicity Publicity 	orkshop □Training Cou cation □ Fun Fair / bo		·
2. What were	e the results achieved? (e.g. no. of targete	d participants and benef	ficiaries)	
	on Works (e.g. manpower allocation, equ	nipment allocation, etc.)		

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Evaluation Report

Section B: Process Evaluation (cond't)	
5. Feedback by activity participants and beneficiaries (please attach the evaluation questionnaires, if any)	
6. The obstacles encountered and attempts to overcome the problems, if any	
7. Areas for improvements	
Section C : Financial Report	
Please list clearly and attach additional sheets if necessary	
Income	

Section C: Financial Report Please list clearly and attach additional sheets if necess Income	sary	
Items Membership fee Grant expected from TWC Participants' fee (if any) External Sponsorship (if any)* Others (please specify)	Details% of the total received membersh	ip fee
Expenditure		
<u>Items</u>	<u>Details</u>	Amount (HK\$)
	Total Exp	penditure
	Tota	al Balance

^{*} Please provides all receipts for income and expenditure and arrange in order for verification.

Student Affairs Office

Wofoo Community Service Learning Foundation Fund

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Signature Name	Date Date
surer of the Student Organisation (if applicable)	Date
asurer of the Student Organisation (if applicable)	Date
asurer of the Student Organisation (if applicable) Signature Name	
Signature Name	
	Date
lent Organisation's Chop (if applicable)	