

Student Activities and Wellness Fund Form

All information requested below must be filled out when submitting the application. Failure to provide all information will result in your application not being reviewed.

Contact Name
Contact E-mail
Name of the club, society, or department if applicable:
Please provide a detailed overview which outlines why you are
applying for funding and what you will be using that funding for:
What fundraising have you done to support your effort? If no, please
explain why no fundraising has been done?
explain why he farial along has been defined



Has this event been approved by the Campus Engagement Manager? Please note all events must be approved prior to application being reviewed.
Amount of funding requested.
Which grant are you applying to? □Student Activities Fund □Wellness Fund
I have attached an outline of my budget which includes the cost of my request. Requests submitted without a budget are considered incomplete. You will be able to attach your budget once you press the SUBMIT. (Please see appendix of manuel) YES No
I have attached a letter of support addressed to the ASU Financial Affairs committee which outlines the justification, support and how it will enhance the overall student experience at Acadia. You will be able to attach your letter once you press the SUBMIT. (Max 2 pages) ☐ Yes ☐ No



i verily the	information provided is accurate to the best of my ability.
□Yes	
□No	
Signature:	
	(Please type your name)

Any questions regarding the application process can be directed to Alicia.johnson@acadiau.ca or asuvpfo@acdiau.ca