

## MEMBERSHIP DEVELOPMENT FUND APPLICATION

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**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Student ID NO.:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_  
**Social Insurance Number** *(required to process tax information):* \_\_\_\_\_  
**MRU Program of study:** \_\_\_\_\_  
**Age** *(photocopy of government picture ID required):* \_\_\_\_\_

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I apply for funding out of the Students' Association of Mount Royal University Membership Development Fund for financial assistance for the following activity or project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_  
Number of MRU Students Attending: \_\_\_\_\_

I believe this opportunity will benefit me as a student and will enhance my learning experience as a student at Mount Royal University in the following manner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEMBERSHIP DEVELOPMENT FUND APPLICATION

Organization Sponsoring event: \_\_\_\_\_

Your involvement with sponsoring organization *(if applicable)*:

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Your expectation of the event:

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Other avenues of funding being sought:

Potential donor	Contact name	Phone	Amount

Student's History with Membership Development Fund:

Previous award(s)	Date(s)	Amount(s)

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### BUDGET:

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Total expected cost of trip/event: \_\_\_\_\_

Itemized budget (*must be completed in full prior to submission of application*)

#### Travel:

Airfare	\$ _____
Mileage ( <i>33.5 cents/km</i> )	\$ _____
Car Rental	\$ _____
Taxi	\$ _____
Shuttle Bus	\$ _____
Other ( <i>please specify</i> )	\$ _____
Total Travel	\$ _____

#### Accommodation:

Shared:  Yes  No  
(Cost/night x No. nights) \$ \_\_\_\_\_

#### Meals (*per diem*)

Breakfast	\$10.60	\$ _____
Lunch	\$10.35	\$ _____
Supper	\$29.05	\$ _____
Total meals		\$ _____

Registration (Delegate) Fee(s) \$ \_\_\_\_\_

Total funds requested \$ \_\_\_\_\_

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Please check that the following documents are attached to the application:

- Unofficial MRU transcript
- Event program, schedule, agenda and/or itinerary
- Estimates for travel and accommodation costs
- Photocopy of picture identification showing birth date (*driver's license, passport, etc.*)

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### STUDENT AGREEMENT:

If I receive funding through the Membership Development Fund, I hereby agree to provide a written report to the Students' Association of Mount Royal University within two (2) weeks of event. The report (maximum report) will contain information on development experience to include how development outcomes were achieved and whether this experience would be recommended for other Mount Royal University students (give rationale). A detailed expense report will be included with the written report, including all receipts for transportation, delegate fees, accommodation, meals, and any other expenses incurred. A photograph and brief description of my experience will be provided for publication in the Students' Association print and electronic publications. In addition,

I recognize and acknowledge that the granting of Membership Development Funds are solely and entirely within the discretion of the Membership Development Committee, and that I am not entitled to Membership Development Funds as a matter of right.

I agree that any funds received by me will be used only for the purposes described in the above application. I further agree that should these funds be used for any purpose other than as described above, I shall repay those amounts to the Membership Development Fund immediately and in full. I acknowledge that funds which I am obliged to repay under this paragraph shall form part of my Students' Association fees and can be collected by the Students' Association in the same manner as it collects fees. I recognize and agree that while any funds required to be repaid under this section are outstanding I will cease to be a member of the Students' Association in good standing for as long as the funds remain unpaid.

I recognize that the Committee has not investigated the safety of the proposed activity described above, and I acknowledge that I am solely responsible for my safety while on the activity and release the Students' Association for any liability whatsoever for injury, accident, death or harm suffered by me while participating in the activity described above.

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Witness to signature

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Signature of the applicant

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Signature of parent / Guardian if applicant is a Minor

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The personal information collected on this form will be used to administer and manage Students' Association's programs and services, and to maintain the Students' Association's records. This information will be protected by the provisions of the Personal Information and Protection Act and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

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### FOR OFFICE USE ONLY:

Date Received: _____	Received by: _____
Travel Date: _____	Award Date: _____
Report Received: _____	Receipts Received: _____
Photo & Description: _____	Exhibit(s): _____
File Completed Date: _____	Completed by: _____

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