

## SFSS ACCESSIBILITY GRANT APPLICATION FORM

1. APPLICANT INFO	ORMATION		
1.1 First Name			
1.2 Last Name			
1.3 Student Number			
1.4 Telephone			
1.5 Email			
1.6 I am an undergraduate student at SFU	☐ Yes ☐ No		
·	ATION  ne accessibility of, or reduce barriers to, a specific event?  RED 'YES' TO QUESTION 2.1, COMPLETE SECTION	☐ Yes ☐ No ON 2	
	ERED 'NO' TO QUESTION 2.1, SKIP TO SECTION		
	ees expressly communicated their need for special	☐ Yes ☐ No	
2.3 Have you have already requevent?	nested an SFSS grant in relation to this	☐ Yes ☐ No	
IF YOU ANSWER	ED 'YES' TO QUESTION 2.3, ANSWER 2.4 AND SK	IP 2.5	
IF YOU ANSWERED 'NO' TO QUESTION 2.3, SKIP 2.4 AND ANSWER 2.5			
2.4 If yes, please write the gran	t reference number		



description answers the 'who,' 'what,' 'who many attendees you expect to be impacted	•	of your event. Be sure to note how
2.6 Please describe how this event will sup undergraduate students at SFU. If applicable		
1. Social experience of undergraduate students		
2. Academic experience of undergraduate students		
3. Financial experience of undergraduate students		
4. Health and wellbeing of undergraduate students		
2.7 Please attach the final report for any probeen awarded	revious SFSS grant or SFSS ac	ccessibility grant application you have
2.8 Please list the projected attendance of	your event broken down into	the following categories:
Group		Projected Attendance
1. SFU Students		
2. SFU staff/faculty		
3. Non-SFU students		

2.5 Please provide a brief description of the event or activity for which you are request support (be sure your



Group		Projected Attendance
4. Guest speakers and presenters		Trojected Attendance
5. General public		
2.9 Please list any groups, student, university, and oth	her with which you	will be participating
217 Trease not any groups, student, university, and on		win be paracipating
L		
2.10 Please provide a projected list of your expenses.		
Туре		Value
71		
2.11 Please provide a list of your projected revenues.		
Туре		Value
71		



## 3. ACCESSIBILITY GRANT REQUEST DETAILS

3.1 Please describe how the even poses an accessibility challenge for students with disabilities.

3.2 Please list the accessibility challenges you are trying to overcome, and the supp	ports you are requesting
using to overcome those challenges – include any estimates from service provider	s in the email submission of
this form.	
Support	Cost
Total	
Total	



## 4. OTHER DETAILS

1 Please provide any other details you think may be relevant in considering this request.						

Please note that the SFSS requires at least 10 calendar days (excluding submission and event day) to process Accessibility Grant requests. Please refer to the SFSS Accessibility Granting Guidelines for more information.

**Submit** 



## FOR OFFICE USE ONLY PROCESSING TIMELINE Date received by Accessibility Designated Assistant Date submitted to the Member Services Coordinator – Clubs Date submitted to Accessibility Committee Date reviewed by Accessibility Committee **DECISION** Approved ☐ Not approved ACCESSIBILITY COMMITTEE CHAIR Name Signature Date ADDITIONAL NOTES: