

SFSS ACCESSIBILITY GRANT APPLICATION FORM

1. APPLICANT INFORMATION

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

2. TYPE OF APPLICATION

2.1 Is this request to increase the accessibility of, or reduce barriers to, a specific event?

Yes
 No

IF YOU ANSWERED 'YES' TO QUESTION 2.1, COMPLETE SECTION 2

IF YOU ANSWERED 'NO' TO QUESTION 2.1, SKIP TO SECTION 3

2.2 Have any confirmed attendees expressly communicated their need for special accommodations?

Yes
 No

2.3 Have you have already requested an SFSS grant in relation to this event?

Yes
 No

IF YOU ANSWERED 'YES' TO QUESTION 2.3, ANSWER 2.4 AND SKIP 2.5

IF YOU ANSWERED 'NO' TO QUESTION 2.3, SKIP 2.4 AND ANSWER 2.5

2.4 If yes, please write the grant reference number

2.5 Please provide a brief description of the event or activity for which you are request support (be sure your description answers the ‘who,’ ‘what,’ ‘when,’ ‘where,’ ‘why,’ and ‘how’ of your event. Be sure to note how many attendees you expect to be impacted by the accessibility grant.

2.6 Please describe how this event will support the 4 pillars of the SFSS mission to improve the experience of undergraduate students at SFU. If applicable, how will the event improve the:

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 previous SFSS grant or SFSS accessibility grant application you have been awarded

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	

Group	Projected Attendance
4. Guest speakers and presenters	
5. General public	

2.9 Please list any groups, student, university, and other with which you will be participating

2.10 Please provide a projected list of your expenses.

Type	Value

2.11 Please provide a list of your projected revenues.

Type	Value

4. OTHER DETAILS

4.1 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

