



Student Group Community Philanthropy Grant

Please complete the application and submit it to social.accountability@usask.ca			
Student Information			
Lead Applicant Name:		NSID:	
Email:		Year:	
Student Group			
Name:			
Community Organization (if applicable)			
Name:		Address:	
Email:		Contact Person:	
Request Description (500-word maximum)			
<p>Using one page, single-spaced, max. 500 words, outline why your student group requires additional funds. Describe the major elements of any intended projects clearly and concisely. Be sure to include the following:</p> <ul style="list-style-type: none"> ○ If you are working with a community-based organization, what is your group’s relationship to the organization? ○ How was this need for funds identified? ○ How is this request relevant to the DSA’s mission? ○ What is the sustainability of this project? ○ How does this project contribute to the goals of your student group? ○ What in-kind contribution will be made in support of this project? ○ How can the DSA help to amplify this work? 			



UNIVERSITY OF SASKATCHEWAN

College of Medicine

DIVISION OF SOCIAL ACCOUNTABILITY

MEDICINE.USASK.CA/SOCIAL-ACCOUNTABILITY

Deliverables
Budget (requests may be up to \$300)