

# HARVARD UNIVERSITY CENTER FOR AFRICAN STUDIES

### **Student Group Grant Application**

In addition to this completed form, please submit:  Detailed budget, with revenue & expenditures Preliminary event program/schedule	Student Group Tax ID#:
Student Group Name:	Harvard School/Affiliation:
Group Description & Mission:	
Faculty Advisor(s):	Did you consult your advisor(s) regarding project/event?  Yes  No
Student Contact:	<u>HUID</u> :
Position:	Expected Year of Graduation:
Address:	
Address: Phone:	Email:
	Email:

Project Goals & Deliverables:				
How does this project or event relate t	o Africa?:			
Amount Requested: \$		Start Date:		End Date:
Location:				
How do you intend to allocate CAS Fur	nds?:			
Have you previously received funding  Yes  No	from CAS?			
Taget Audience:		,	Anticipated Attendance:	
Is this a ticketed event?:		If so, what is the	price per ti	cket?
Publicity Plan:				
Will this project be photographed?: ☐ Yes ☐ No	Will this p ☐ Yes ☐ No	roject be recorded?:	phot	to either, please submit all cography and videography CAS following the event.

## **Student Group Annual Budget**

	Revenue	Expenditure	Net Income
Prior Year	\$	\$	\$
Year to Date	\$	\$	\$

#### **Other Project Funding Sources**

#### Please list the source and amount of all other requested funding for this project.

Grant	Amount Requested	Funding Status	Amount Funded
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

I affirm that I have read and understand the grant guidelines from the Harvard University Center for African Studies. I al accurate to the best of my knowledge.	
Signature:	Date:



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