

**APPLICATION FORM**

**FORMATION EXPENSES**

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| **Name of the association:** |  |
| **Bank account (IBAN) with name:** |  |
| **Name of the contact person:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **E-mail address:** |  |
| **Requested sum:** *List which item in the budget this regards to* |  |

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| **Description of the association that needs subsidization:** |
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| **When will the association be founded?** |
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| **What is the objective of the association?** |
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| **What is the target group of the association and how many members are expected?** |
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| **How is the association promoted in the target group?** |
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| **How is this association linked to the UvA?** |
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**Place: Date: Signature:**

Attention, the following documents should be attached:  
O Description activity  
O Description organization Submit the application at least  
O Specified and balanced budget four weeks before the acitivity!