



# Application for project funding from The Foundation Stockholm Student Reception Service Fund

|                             |  |
|-----------------------------|--|
| APPLICANT UNION/ASSOCIATION |  |
| NAME OF YOUR CONTACT PERSON | PHONE NUMBER TO CONTACT PERSON         |
| ADDRESS TO CONTACT PERSON   | POSTAL NUMBER & CITY TO CONTACT PERSON |
| E-MAIL TO CONTACT PERSON    | E-MAIL TO UNION/ASSOCIATION            |

|                                      |                  |
|--------------------------------------|------------------|
| CLEARING AND BANK NUMBER FOR PAYMENT |                  |
| BANK                                 | REQUESTED AMOUNT |

## FOLLOW SHALL BE ATTACHED TO THE APPLICATION

- 1) Description of the project/event
- 2) Financial calculation for the project/event

It is hereby confirmed that the above given information is correct:

|             |           |
|-------------|-----------|
| CITY & DATE | SIGNATURE |
|-------------|-----------|

## CONTACT

More information can be found on [SSCO.se](http://SSCO.se). For questions:

**Elin Markgren, Office Secretary**  
P: 072-145 80 78 M: [info@scco.se](mailto:info@scco.se)