| Gold Blue | **The Hong Kong University of Science & Technology**  **Funding Scheme for Student Activities on Special Educational Needs**  **Project Report** |
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| IMPORTANT: Project leader is required to submit a project report, along with all required supporting documents and the original receipts, to SEN Support within 2 weeks upon completion of the respective activity or project. The reimbursement will be made to the project leader, or his/her designated committee member from HKUST, within 2 months upon SEN Support’s receipt of the aforementioned documents. |
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| 1. | Activity / Project Name: | | | (in English) |  | | | | | | | | | | | | |
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|  |  | | | (in Chinese; if applicable) | | | |  | | | | | | | | | |
| 2. | Student Group/Organization: | | | (in English) |  | | | | | | | | | | | | |
|  |  | | | (in Chinese; if applicable) | | | |  | | | | | | | | | |
| 3. | Project Leader: | | | (in English) |  | | | | | | | | | | | | |
|  |  | | | (in Chinese; if applicable) | | | |  | | | | | | | | | |
| 4. | Faculty / Staff Advisor: | | | (in English) |  | | | | | | | | | | | | |
|  |  | | | (in Chinese; if applicable) | | | |  | | | | | | | | | |
| 5. | Project Time Frame: | | | from | (DD) | | (MM) | | | | (YYYY) | | to | | (DD) | (MM) | (YYYY) |
| 6. | Number of Participants: | | | (student members) | |  | | | | | | | | | | | |
|  | (Summary on Appx. |  | ) | (service targets) | |  | | | | | | | | | | | |
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| 7. | How have the Project Objectives been achieved? | | | | | | | | | | | | | | | | |
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| 8. | Evaluations: Based on the stated achievements of project objectives, what does each of the following parties have learnt and have done upon completion of the project? | | | | | | | | | | | | | | | | |
|  | 1. Organizing Committee (Use separate sheet if necessary ( Appx. | | | | | | | | | | |  | | ) | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | 1. Student Members (Use separate sheet if necessary ( Appx. | | | | | | | | |  | | | | ) | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | 1. Service Targets (Use separate sheet if necessary ( Appx. | | | | | | | |  | | | | | ) | | | |
|  |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| 9. | Financial Report (for Project Type I only) | | | | | | | | | | | | | | | | |
|  | | **Incomes** | | | | | | | **Original Receipt & Ref. No.** | | | **HK$** | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. | Contribution by Project Team | | | | | |  | |  |  | | 2. | Contribution by Target Participants | | | | | |  | |  |  | | 3. | Approved Subsidy from the Scheme | | | | | |  | |  |  | | 4. | Subsidy from: |  | | | |  |  | |  |  | |  | (please specify) | | |  | 1. **Total Income:** | | | |  |  | |  | | | | | | | | | |  | | **Expenditures** | | | | | | | **Original Receipt & Ref. No.** | | | **HK$** | | 1. |  | | | | |  |  | |  |  | | 2. |  | | | | |  |  | |  |  | | 3. |  | | | | |  |  | |  |  | | 4. |  | | | | |  |  | |  |  | | 5. |  | | | | |  |  | |  |  | | 6. |  | | | | |  |  | |  |  | | 7. |  | | | | |  |  | |  |  | | 8. |  | | | | |  |  | |  |  | | 9. |  | | | | |  |  | |  |  | | 10. |  | | | | |  |  | |  |  | |  |  | |  | | 1. **Total Expenditure:** | | | |  |  | |  |  | |  | |  | | | |  |  | | **Balance** (In case of a surplus, the amount will be deducted from the final | | | | | | | | **HK$** |  |  | | reimbursement.) | | | | | | | | |  | **(a) – (b)** | | | | | | | | | | | | | | | | | |

| 10. | Designated Person for Subsidy Reimbursement  IMPORTANT: The subsidy reimbursement will be made by auto-pay to the following HKUST student’s bank account as stated on Student Information System (SIS) within 2 months upon receipt of the completed project report. | | | | | | | | |
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|  | Name in Full: | (in English) | |  | | | Student ID: | |  |
|  |  |  | |  | | |  | |  |
|  |  | |  | |  |  | |  |  |
|  | HKUST Email: | |  | | @connect.ust.hk |  | | HK Mobile: |  |
|  |  | | | | | | | | |
| 11. | Checklist / Appendices | | | | | | | | |
|  | | Appendix No. | Description | Remarks | | --- | --- | --- | |  | Full List of Student Members Attended | including organizing committee | |  | Summary/Full List of Service Targets Attended |  | |  | Details of Evaluations by Organizing Committee | if separate sheet is used | |  | Details of Evaluations by Student Members | if separate sheet is used | |  | Details of Evaluations by Service Targets | if separate sheet is used | |  | At least 20 Activity Photos (original size)  *(Remarks on Use of Photos and Confidentiality:*  *Please be sensitive and make sure you have the participants’ consent when you take photos of them which will disclose their identity. You may need to use software for anonymizing visual images to blur face details if appropriate.)* | Please email the softcopy to [sen@ust.hk](mailto:sen@ust.hk). | |  | Original Receipts & Reference No.  (for Project Type I only) |  | | | | | | | | | |

|  | Signature of Project Leader: |  | Date: |  |
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|  | Name of Project Leader: |  | Student ID: |  |

Please submit the completed project report package to SEN Support, Counseling and Wellness Center, Dean of Students’ Office.

Office: Room 5022, Dean of Students’ Office, Academic Building (via lift 3), HKUST

Tel: (852) 3469 2497

E-mail: [sen@ust.hk](mailto:sen@ust.hk)