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| **Application for 2021 LEAP Small Group Activity Support Program**  |
| **1. Small Group Information** |  |
| **Name:**  |  |
| **Members:**  | **Total** |
| **2. Affiliation *(Check and name your organization if applicable.)*** |
| [ ]  **Student Union or Program (on Campus):**  |  |
| [ ]  **Student Union or Program (off Campus):** |  |
| [ ]  **A Club under Ewha Univ.:** |  |
| [ ]  **A Club under the Department:** |  |
| [ ]  **Independence:** |  |
| [ ]  **Etc.:** |  |
| **3. Subsidy (As of 2021)** |  |
| **Organization:** |  |
| **Amount:** |  |
| **4. Adviser Information** | [ ]  Professor [ ]  Associate Professor [ ]  Assistant Professor  |
| **Name:**  |  | **Department:**  |  |
| **Mobile:** |  | **Email:** |  |
| **5. Group Leader Information** |  |
| **Name:** | *Family* | *Middle* | *Given* |
| **Student ID:** |  | **Department:** |  |
| **Mobile:** |  | **Email:** |  |
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| I hereby certify that the submitted application and documents are based on fact. If any false information in the application is discovered, I agree to accept disadvantages such as withdrawal of the Program or participation restriction. |
|  | **A Small Group Leader *(Applicant)*** |  | (Signature) |
| I agree to advise the group who participates in LEAP Small Group during the Program |
|  | **Adviser** |  | (Signature) |
| April 2, 2021 |
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| **2021 LEAP Small Group Activity Plan** |

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| **1. Small Group Information** |
| **Name:**  |  |
| **Project:**  |  |

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| **2. Purpose** |
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| **3. Goal** *(Write each goal including quantitative goals concretely and precisely)* |
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| **4. Activities** *(Describe the detailed contents and methods how you will complete LEAP Small Group Project Plan)* |
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| **5. Monthly Plan**  |
| **No.** | **Main Activities** | **Jun.** | **Jul.** | **Aug.** | **Sep.** | **Oct.** | **Nov.** | **Dec.** |
| 1 | ~ OO Campaign  |  | → |  |  |  |  |  |
| 2 | ~ Visit OO Organization |  |  | → |  |  |  |  |
| 3 | ~ Expert Interview |  |  | → | → |  |  |  |
| 4 | ~ Produce relative contents  |  | → | → | → | → |  |  |
| 5 | *※ add the line if needed* |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |  |

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| **6. Results** *(Describe your results that you are expected to be submitted for the program)*  |
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| **7. Budget Planning**  |
| **Sector** | **Description** | **Expense**  |

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| **Total** |  |

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| **To avoid the duplicate benefits from Support Programs under University Innovation Support Project (UISP):** **1. If your small group belongs to affiliated club listed above,** **explain precisely how your small group activity differs from your affiliated club.** **2. If your small group is an independent group, write in N/A** |

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| **Major Activity of Your Affiliated Club** | **LEAP Small Group Activity Plan**  |
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| **2021 LEAP Small Group Member List** |

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| **No.1**  | Leader | **Name**  | *Family* | *Middle* | *Given* | **Nationality** |  |
| **Dept.**  | *College*  | *Major* | **Year** | [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior  |
| **Tel.** | *010-0000-0000* | **Email** |  | **Student ID** | *210000* |

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| **No.2**  | Member  | **Name**  | *Family* | *Middle* | *Given* | **Nationality** |  |
| **Dept.**  | *College*  | *Major* | **Year** | [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior  |
| **Tel.** | *010-0000-0000* | **Email** |  | **Student ID** | *210000* |

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| **No.3**  | Member | **Name**  | *Family* | *Middle* | *Given* | **Nationality** |  |
| **Dept.**  | *College*  | *Major* | **Year** | [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior  |
| **Tel.** | *010-0000-0000* | **Email** |  | **Student ID** | *210000* |

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| **No.4**  | Member | **Name**  | *Family* | *Middle* | *Given* | **Nationality** |  |
| **Dept.**  | *College*  | *Major* | **Year** | [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior  |
| **Tel.** | *010-0000-0000* | **Email** |  | **Student ID** | *210000* |

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| **No.5**  | Member | **Name**  | *Family* | *Middle* | *Given* | **Nationality** |  |
| **Dept.**  | *College*  | *Major* | **Year** | [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior  |
| **Tel.** | *010-0000-0000* | **Email** |  | **Student ID** | *210000* |

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| **No.6**  | Member | **Name**  | *Family* | *Middle* | *Given* | **Nationality** |  |
| **Dept.**  | *College*  | *Major* | **Year** | [ ]  Freshman [ ]  Sophomore [ ]  Junior [ ]  Senior  |
| **Tel.** | *010-0000-0000* | **Email** |  | **Student ID** | *210000* |

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| **Activity Support Expense (Scholarship) Payment Method Agreement** |
|  | **Name** | **Student ID** | **Registered** | **Signature** | **Date** |
| 1 |  |  | Yes or No |  | MM.DD |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| *\* Every member is required to sign either on the paper or insert the capture/scan. (electronic signature is acceptable)* *\* Scholarship will be awarded to the team leader’s account which registered on Eureka* *\* Team Leader cannot be changed once the program starts**\* Spring Sem.: 500,000 KRW, Fall Sem.: 500,000 KRW after evaluation for the mid-term report*  |

**\*\*\* Before submitting your application, check below the checklist and notice**

[ ]  **Application**

1. Small Group Members are between 3 ~ 15 students
2. We have an adviser for the small group and got a signature

[ ]  **Activity Plan**

1. We understand that the Activity plan is unchangeable after submission
2. We understand that LEAP program does not support the hobby

[ ]  **Member List**

1. Every member has registered in Spring Semester
2. Every Member will register in Fall semester

[ ]  **Scholarship Payment Method Agreement**

1. We have included the signature by all members

**Thank you for your applying!**