



J-Soc Local Activism Fund Application Form 2004/2005

This form must be fully completed and receipts provided

Name of Chair	Name of J Soc.....
Cheque Payable to.....	
Address.....	
.....Post Code.....	
Email.....	Tel.....

Name/Type of Activity.....

Aim of Activity.....

Date of Activity..... **How Many Attended**.....

Venue.....

Presenter.....

Overview of the Programme.....

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How will this programme further Israel/ARIFO education on campus?.....

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Budget Outline.....

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UJS to Complete:

Date form received.....Approved amount £.....

Signed.....Name.....