



## Collaboration application form

This application form is intended as the first page of a request for financial aid for cultural collaborations of Apollo. This form must be completed, signed and handed in to Apollo in addition to a letter explaining the request. In this letter should be a plan of approach and an explained budget. An application should be done two weeks before the collaboration event at the latest. For more details, please refer to the regulations for collaborations.

This form should be directed to Apollo, Bastille room 316, University of Twente.

Name association: \_\_\_\_\_

Name contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name collaboration event: \_\_\_\_\_

Date collaboration event: \_\_\_\_\_

Requested amount: \_\_\_\_\_

Completed truthfully,

Date: \_\_\_\_\_

Signature contact person

Leave this section empty

Date received: \_\_\_\_\_

Signature treasurer Apollo