Application Form Project Grants 2022

Inform	ation applicant		
Name project group/organisation:		n:	
IBAN:			
Name o	of account holder:		19971
City:			cultureel studenten centrum
Contac	et person		chidenten
Name:			Swatrull
Address:			c 6/111
Postal code + city:			00
Telephone:			
E-mail:			•
Treasu	ror		
	Same as contact perso	ın	
	•	П	
	Other person:		
	Name:		•
	Address:		•
	Postal code + city:		
	Telephone:		
	E-mail:		
Discip			
Which		uested for? (multiple answ	ers possible):
	Theatre		
	Music		
	Dance		
П	Visual arts		
	Language & communic	ation	
	Othor:		
_	Suloi		Z.0.Z.
Conter	nt		
Name	of the project and/or activ	ities:	
Descrip	otion of the project and/or	activities:	
When i	s the starting date of the	project?:	
When is the end date of the project?:			
	project take place in the		
	ja nee*		
*If not.	specify:		

**Make sure you reserve the place well on time by contacting Bram Douwes: b.douwes@rug.nl / 050 363 4672

Requested grant amount				
€				
Signature				
I hereby declare that the above information is true and correct.				
Name:				
City and date:				
Signature:				