SARASWATH LEARNING FOUNDATION			
Application for con	ducting & Reporting In	teractive Session (IS) pro	gram
Name of conducting organization, address, Ph #			
IS Co-ordinator's contact			
Name,Phone,E-mail			
IS objective (What the IS is going to achieve?)			
Proposed date(s)	Start:	End:	# of days:
Venue			-
Number of attendees	Expected	Actual	T
#ofgirls/#ofboys	[1
#Instructors/#Volunteers			1 1
Total budget for the Camp/IS	Estimate	Actual (Provide all receipts)	Requested from SLF
Boarding			
Lodging		1	
Transportation			
Remuneration for Instructors			1
Materials	[1
		1	1
	[1
Total expenditure			
Local Contribution		1	
Total requested from SLF			
Name & signature of requestor			Date:
Guidelines:			
1. Ensure compliance, safety and strict discipline - assign the right people as wardens for the residences if any.			
2. Provide a list of participants and contact (parents' name, occupation, income, address, phone #, school)			
3. Try to use local resources - volunteers, parents, instructors, camp venue, vegetables, grains, food items, etc.			
4. Try to include core topics - sports/games/yoga/pranayama/meditation/music/dance/drama/Indian heritage &			
culture/economics/science and technology to improve life, volunteerism, helping others, etc.			
5. Camp should have inauguration and closure ceremonies.			
6. Explain about SLF - its mission and success; Ask how participants and parents can help; get their commitment.			
7. Get participants' evaluation and feedback ab			
8. Provide a final report . All receipts must be submitted for reimbursement			
SLF ID Number:	SLF office use or Approved [Yes/NO]	niy T	Date
Approved amount:	Αρριονέα [Τες Νο]		Date
Approved amount: Approver Signature	l		
Remarks			
Email the completed form to slf@saraswa	Lath.org or send application	on to <india address=""></india>	Revision 2020v1.0

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