Title of Project: _____________________________________________________________

Projected Completion Date: _________________________________________________

Total Amount of Grant Requested: ___________________________________________

Name of Lead Student (Contact Person): _____________________________________

Major: ___________________________ QPA __________ #Credits Earned ___________

E-mail address: ___________________________ Phone number ______________________

Mailing address: ___________________________________________________________

Other students participating in project: ________________________________________

E-mail addresses: ___________________________________________________________

Faculty/Staff Project Advisor: ________________________________________________

Department: ____________________________

E-mail address: ___________________________ Campus phone: _____________________

Other faculty/staff participating in project: _____________________________________

Signature of Student Applicant (Contact Person): ________________________________

Signature of Faculty/Staff Project Advisor indicating that he/she read the proposal and is in support:

________________________________________

Proposal Format: (Instruction details are located in Section C of the Guidelines listed above)

Introduction
Materials and Methods
References
Budget
Addendum