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| **Contact Name:** | **Organization:** |
| **Amount requested:** | **Overall cost:** |
| **Please describe the experience for which you seek funding:** | |
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| **Please describe the aim or goal of this experience:** | |
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| **Please describe how this experience will help you academically:** | |
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| **Please describe any other sources of funding, including personal/parental contributions, fundraising, and funding from the university or departments within it:** | |
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| **Please specify the time, date and location of this event:** | |
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| **Is there anything else that you would like the committee to know about this project?** | |
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| **Please use this space to provide us with a break-down of your expected costs. Try to be as specific as possible (e.g. accommodations, printing fees, transportation expenses, conference fees, etc.):** | |
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| **TOTAL:** |  |

Thank you for your application. It should be reviewed within seven (7) business days.

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| **OFFICE USE ONLY** |
| **Notes** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |