

Student Innovation Fund
(For undergraduate students ONLY)
Grenfell Campus
Application for Funding

1. Name(s) of applicant(s) _____

2. Undergraduate student: _____ Yes _____ No

3. Proposed Date: _____

4. Application Period: _____ Fall _____ Winter _____ Spring/Summer

5. Name of Student/Group/Organization _____

6. GCSU Ratified Group? _____ Yes _____ No

7. Anticipated number of participants: _____

8. Academic Program/Division: (if applicable*) _____

**If the event/project is being endorsed by an academic program/division, a letter of support from the program/division is strongly recommended.*

9. Applicant's Email Address: _____

10. Telephone Number: _____

11. Mailing Address: _____

12. Type of Event/project: _____

13. Project description:

14. Outline the ways in which this project/event request meets the guidelines of the Student Innovation fund including Innovation, Empowerment and/or Student Involvement

15. Other Sources of Funding: _____

Budget requested total: _____

Specific budget items and amounts

Item	Amount
<i>For example Decorations</i>	<u>\$50</u>
<i>For example Airline Ticket</i>	<u>\$300</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return completed application to the Office of Health and Diversity, AS271, Grenfell Campus or email gcstudentservices@mun.ca

Office use only: Date Approved: _____ Funds issued: _____