



Grants Program Application

This fund is designed to provide partial financial assistance to events that enhance the academic side of grad/prof student life. Events must be open to the entire SGPS community and have significant SGPS member involvement.

Contact Information

Name: _____

Address: _____

Phone: (____) _____ - _____ **E-Mail:** _____

Financial Information

Amount of funding requested: \$ _____

Name of Organization/Department: _____

Purpose of the Event: _____

Addition Sources of Funding:

Group/Source Name	Amount	Tentative	Confirmed
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

I certify the above to be true: _____ Date: _____
Applicant's Signature

★ You must attach a proposed budget to this application ★

SGPS Office Use Only (5455)

Approved By: _____ Amount: \$ _____