**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.*

1. Applicant’s Email Address:
2. Telephone Number:
3. Mailing Address:
4. Type of Event/project:
5. Project description:
6. Outline the ways in which this project/event request meets the guidelines of the Student Innovation fund including Innovation, Empowerment and/or Student Involvement
7. Other Sources of Funding:

Budget requested total:

 Specific budget items and amounts

Item Amount

*For example Decorations $50*

*For example Airline Ticket $300*

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***Please return completed application to the Office of Health and Diversity, AS270A, Grenfell Campus or email studentservices@grenfell.mun.ca***

Office use only: Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funds issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_