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

_____

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_____

15.   Other Sources of Funding: _____

Budget requested total: _____

Specific budget items and amounts

Item	Amount
For example Decorations	*$50*
For example Airline Ticket	*$300*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: _____