APPLICATIONS ARE REVIEWED FOUR TIMES PER YEAR. Please submit application on or before: FEBRUARY 1; MAY 1; SEPTEMBER 1; NOVEMBER 1

Date:_______________________

Name:__________________________________________________________ Email:__________________________________________________________

Phone Number:__________________________________________________

Position Title (if applicable):________________________________________

☐ Faculty ☐ Appointed Professional ☐ Student

Division Name:____________________________________________________

Project Title:____________________________________________________

Requested Amount:________________________

Funds will be used for (check all that apply):

☐ Research ☐ Community Project ☐ Attend Conference ☐ Internship

☐ Global ☐ Other

If Other, please explain:______________________________________________

____________________________________________________________________

The summary of the project should be organized into the following sections:

a. Introduction/Background
b. Define the Need
c. Plan Overview with detailed methodology (projects and internships)/Abstract (conference)
d. Significance/ Measured Outcomes/Future Opportunities
e. Budget
f. Other Funding (if you applied for other funding, please let us know if it was):

☐ Approved ☐ Pending ☐ Declined

Please attach a brief summary of the project, internship proposal or the abstract of the conference to this application and submit electronically to Lorraine Varela (varelal@email.arizona.edu) in the Dean’s Office.