

**Graduate Student Association
Departmental Grant Program Application**

Name of Department: _____

Contact in the department: _____

Email address of contact: _____ **Phone:** _____

Type of request:

- Event: _____
- Departmental Funding: _____
- Other: _____

**Please describe how you will spend the grant. Include the number of students who will be involved, tentative events, and costs associated with them.
Or, any other relevant information that will help us determine how to fund this proposal.**

Name of your department representative: _____

Signature of graduate coordinator/department head

Date

Signature of contact (if different from coordinator/dept.head)

GSA Use Only

Committee Recommendation:
Committee Chair Signature

Amount Approved:
Date

All grant requests must be made by October 15, and spent by June 30 of this academic year.