



SILO Proposal Cover Sheet

Student ID# _____

Funding Cycle: **October 15** (for Spring semester)
 February 15 (for Summer and experiences for the following academic year)
 April 15 (for Fall semester)

First Name: _____ Last Name: _____

E-mail address: _____ Phone number: _____

Title of Project or Experience:

Have you applied to other sources for funding? ___ Yes ___ No
If yes, please give details.

Have you received University funding previously? ___ Yes ___ No
If yes, please give time frame and category.

Total Funding Request: \$ _____ *Provide a brief budget outlining your funding needs; include items such as travel, lodging, supplies, and printing. Attach an additional sheet as needed.*

Proposer's Signature: _____ **Date:** _____

Primary Faculty Mentor: _____ **Signature:** _____

Phone: _____ **E-mail:** _____

Please note that by submitting a proposal, funding request, or application to participate in a funded experience, you will acknowledge that all information therein provided is accurate, and you will give permission to review all educational files which are pertinent to the evaluative process.

For Office Use:	
Date Received: _____	Sent to TSC: _____
Amount Approved: \$ _____	Status Notification Sent: _____