# **IOWA STATE UNIVERSITY**

#### **University Honors Program**

### **Default Question Block**

## **Student Enrichment Grant Application**

Please fill out this form in its entirety and direct questions to honors@iastate.edu. Once you've submitted this application, an email will be sent to your project/research advisor requesting review and approval. Please ask them to watch for the message and respond quickly.

These applications are reviewed on a rolling basis. Contact the Honors office if you need a quick turnaround due to travel schedules.

| Student name | (first and last): |  |
|--------------|-------------------|--|
|              |                   |  |
|              |                   |  |

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| *You may provide only one email address, and this email must be correct (no typos or extra spaces) for your application to be routed for review successfully. |
|---|
|   |
|   |
| Student address (street address, city, state, zip):   |
|   |
|   |
| Classification:   |
| Freshman  |
| Sophomore  Junior   |
| Senior  |
|   |
|   |
| College:  |
| Ag and Life Sciences  |
| Business  |

| O Desig | r |
|---------|---|
|---------|---|

Engineering

Human Sciences

Liberal Arts and Sciences

Major(s) and minor(s):

Please upload a copy of your Program of Study (POS) in .pdf format if you have completed this document:

Please enter the term and year in which you plan utilize the grant funding.

|            | Term | Year Date Funding Needed By |                |
|------------|------|-----------------------------|----------------|
|            |      |                             | day/month/year |
| Grant Term | ~    | ~                           |                |

| Reason For Grant Request:            |
|--------------------------------------|
| Travel                               |
| ☐ Conference Registration            |
| Presentation Materials               |
| Conference Accommodations            |
| Other                                |
| Project or presentation title/topic: |
|                                      |
| Name of conference attending:        |
| Conference/travel dates:             |
|                                      |

| Conference location             | n (city, state):                          |
|---------------------------------|---|
| Total \$ amount requ<br>format: | uested - please list amount is \$0.00     |
|                                 |   |
| Breakdown of reque<br>format:   | ested amount - please list cost in \$0.00 |
| Travel                          |   |
|                                 | Registration                              |
|                                 | Materials                                 |
|                                 | Accommodations                            |
|                                 | Other                                     |

| Description of Materials Needed:  |  |
|---|--|
|   |  |
|   |  |
| Name and Address of Hotel:  |  |
|   |  |
|   |  |
| Description of Expense:   |  |
|   |  |
|   |  |
| Have you requested or received other sources of funding for this conference travel? |  |
| Yes<br>No   |  |
|   |  |

If yes, provide the source and amount of funding:

|                           | Funding source | \$ Amount      | requested or <b>C</b> for confirmed |
|---------------------------|----------------|----------------|-------------------------------------|
| 1                         |                |                |                                     |
| 2                         |                |                |                                     |
| 3                         |                |                |                                     |
| 4                         |                |                |                                     |
|                           |                |                |                                     |
|                           |                |                |                                     |
| academic/rese<br>maximum) | earch endeavor | s. (1000 chard | acters                              |
|                           |                |                |                                     |
|                           |                |                |                                     |
|                           |                |                |                                     |
|                           |                |                |                                     |
|                           |                |                |                                     |

Please upload a copy of the confirmation that your presentation was accepted by the conference or poster session. (This can be in .pdf, .jpg, .png or .docx)

Please provide your project/research advisor's or student organization advisor's information below. Once you have completed this application, a copy will be sent to them via email for review and approval. Please ask your advisor to check their email for this request. Once your advisor has signed off, the University Honors Committee will review your application at their monthly meeting.

Project/research advisor or student organization advisor Name (first and last):

Project/research advisor or student organization advisor

| Job title and department/unit:                              |
|---|
|   |
|   |
| Project/research advisor or student organization advisor    |
| Email address:  |
| *You may provide only input one email address, and this     |
| email must be correct (no typos or extra spaces) in order   |
| for your advisor to receive a copy for review and approval. |
|   |

#### **Block 1**

This completes the application. When you click "SUBMIT" below, a copy of this application will be sent to your project/research advisor for review and approval.

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