

PURDUE AERONAUTICS & ASTRONAUTICS GRANT APPLICATION

APPLICANT INFORMATION

Individual Name and/or Sponsoring Student Organization:

Today's Date:

Point of Contact:

Current address:

City:

State:

ZIP Code:

POC email:

Phone:

Website:

PROGRAM INFORMATION

Name of Event/Program/Project:

Description of Event/Program/Project:

GOALS

Purpose of Event/Program/Project:

Number of AAE students involved:

Start & End Date:

FINANCIAL INFORMATION

Amount Requested:

Proposed Budget:

Income sources to support proposed budget:

BOSO Account #:

FACULTY ADVISOR(S)

Name:

Department/Location:

Phone:

Faculty Lead:

Department/Location:

Phone:

INTERNAL USE ONLY

Approval by Head:

Declined:

Amount Approved: \$

Reason:

I authorize the verification of the information provided on this form is true and accurate and the funds provided will be used in accordance with the guidelines of the AAE Grant Process. I certify that I will follow through with the entire process and submit a stewardship form within 7-10 days of the conclusion of the program/event/project.

Signature of applicant(s):

Date: