



MISCELLANEOUS GRANTS FUNDING APPLICATION

Date:			
Title of the Grant:			
Brief grant			
description:			
description.			
Grant Committee Information	(attach additional sheets if nee	<i>'</i>	
Name	E-Mail	Phone #	Graduate?
1			
2			
additional background inform Grant Budget – must incommendation submitting budget Names, addresses, and I Copy of proposed Memoral The Grant Committee agrees that shall revert to the GSO. Name: Names	et include relevance of grant to mation about the organizing club clude detailed budget for grant. D Numbers of people to receive orandum of Understanding (if it in the event of dissolution of the mation of the event of dissolution of the event	graduate students, descripti ab or group. Please review GSO Internate re funds. not waived by the GSO Treat this group, all funds and ass	al Control Program before
Signature:			
For Office Use Only:	Approved	MoU Waived	Declined
Treasurer's Name:		Date:	·
Signature:			
GRAD	DUATE STUDENT ORGANIZATION	I, 227 Student Activities Center,	