UNH Emeriti Council Student International Service Initiative Grant Application Form

(In order to complete this fillable pdf form, you should have the latest version of Adobe Reader. You may need to save the form to your computer prior to entering any information. When finished, save the file again as: ecsisi-grant-application-\{lastname\}.pdf. Submit completed form and supporting materials to Catherine.Dauteuil@unh.edu, Hood House 221.)

Organization full name (no acronyms): ____________________________
Organization campus address: ______________________________________
Organization e-mail address and phone number: ________________________
Brief description of organization: _____________________________________

Project Location (city/village, country): ____________________________
Has the organization made appropriate contact with the community abroad?  □ Yes □ No
For how long has the organization been in communication with the community abroad? __________
(Additional information addressing Grant Criteria #3 must be detailed in the project description.)

Project term abroad (check one):  □ January  □ Spring Break  □ Summer
Total Amount of Funds Requested: ____________________________
(A complete, detailed budget and timeline for this proposal must be included with the application.)

Contact details of organization leaders:

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<tr>
<th>Name</th>
<th>E-mail</th>
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Faculty Advisor(s) and department: ____________________________
Faculty Advisor(s) email address: ____________________________
Number of organization members: _______
Anticipated number of members traveling on service project: _______

Will anyone traveling for this project not be current, matriculating UNH students or UNH faculty?  □ Yes  □ No
If so, please explain. ____________________________________________

What has your organization done in the past for fundraising? What funds have you already raised for this project? What funds are still to be raised and what activities are planned to attain them?
_____________________________________________________________________________________________________________________________

Does your group receive SAFC or any funds from UNH?  □ Yes  □ No
Are you contributing any of these funds to this project?  □ Yes  □ No
Why or why not? ____________________________________________

Sources and amounts of other support, financial and non-financial, your organization has requested:
_____________________________________________________________________________________________________________________________

Organization Chair/President Signature ____________________________ Date __________
Organization Chair/President Printed Name ____________________________
Faculty Advisor’s Signature ____________________________ Date __________
Faculty Advisor’s Printed Name ____________________________