UNH Emeriti Council Student International Service Initiative Grant Application Form

(In order to complete this 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 other application components to Catherine.Dauteuil@unh.edu, CIEGE, Hood House 221.)

Organization/group full name (no acronyms): ____________________________________________________________
Organization/group campus address: ________________________________________________________________
Organization/group e-mail address and phone number: __________________________________________________
Brief description of organization/group: _______________________________________________________________

Project Location (city/village, country): __________________________________________________________________
Local Partner Organization: ____________________________________________________________________________

Has the organization/group made appropriate contact with the community/local partner organization abroad?
☐ Yes  ☐ No

How long has the organization/group been in communication with the community/local partner organization 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/group leaders:

<table>
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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: _________________________________________________________________
Name of advisor/mentor if travelling with students: _______
Number of organization/group 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/group 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 organization/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/group has requested:
____________________________________________________________________________________

Organization/Group Chair/President Signature ___________________________ Date __________
Organization/Group Chair/President Printed Name ________________________________

Faculty Advisor’s Signature ___________________________________________ Date __________
Faculty Advisor’s Printed Name ________________________________