**Group Application for Honors Enrichment Award**

**Form must be typed**

Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*A list of all group members including name and CSU ID number must accompany this request*

Group Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Enrichment Request (include dates of activity):

Benefits:

Estimated Costs:

Other sources of funding (if any):

Total Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

***All approved enrichment requests require a post-enrichment report. Post-enrichment reports will be published on the Honors website***.

-----------------------------------------------------------------------------------------------------------------------------------

**For Approval Committee Use Only**

Modifications to Proposal:

Amount Approved: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, University Honors Program

--------------------------------------------------------------------------------------------------------------------------------------------

**Office Use Only**

Approved plus any adjustments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post enrichment report received: \_\_\_\_\_\_\_\_\_\_\_\_\_