

**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: _____