

## Service-Learning Grant Application-Student

Name of Student(s):

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Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Course Title: \_\_\_\_\_

Faculty Mentor's Name: \_\_\_\_\_

Faculty Mentor's Phone #: \_\_\_\_\_

Faculty Mentor's Email: \_\_\_\_\_

Associated Learning Objectives from Course:

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Project Timeline: \_\_\_\_\_

Name of Community Partner Organization: \_\_\_\_\_

Name of Community Partner Contact: \_\_\_\_\_

Community Partner Address: \_\_\_\_\_

Community Partner Phone #: \_\_\_\_\_

Community Partner Email Address: \_\_\_\_\_

Community Partner Website: \_\_\_\_\_

Name of individual to whom funds will be distributed: \_\_\_\_\_

Phone # of Individual: \_\_\_\_\_

Email of Individual: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_



Signatures to be obtained prior to Service-Learning Committee review:

\_\_\_\_\_  
Student(s)/Date

\_\_\_\_\_  
Department Chairperson/Date

\_\_\_\_\_  
Faculty Mentor/Date

Signatures to be obtained after Service –Learning Committee review & approval:

\_\_\_\_\_  
Service-Learning Committee Chair/Date

\_\_\_\_\_  
Provost/Date