

APPLICATION
20__ TSM SMALL GRANT PROGRAM

Date: _____

Name: _____

Preferred Phone #: _____ E-Mail Address: _____

Mailing Address: _____

University/CC/HS Attending: _____

Student Classification in the Fall of 20__ (Check one):

University/CC: Junior Senior Master's Doctoral

HS: Sophomore Junior Senior

Expected date of graduation: _____

Major field of study: _____

Current enrollment: Full-time Part-time

(Generally, full-time enrollment is 12 hours for UG and 6 hours for graduate students.)

Number of hours completed to date _____ GPA _____

(Attach copy of most recent transcripts)

Title of proposed project: _____

Amount of funding requested from TSM: \$ _____

Attach two (2) letters of recommendations

Attach your CV and your mentor's CV

I certify that I am a full-time student and that all information provided in this application is true to the best of my knowledge. If I am chosen to receive a TSM small grant, I agree to observe and abide by the conditions of the award.

Signature of student applicant

Date

Signature of student's mentor

Date