



## Enrichment Grant Application

The *Fund for LSSU* was developed to disburse funds on a strategic basis to projects that support the University's areas of greatest need based on the Fund's criteria. Funds from the *Fund for LSSU* can be used for student-focused activities and projects that improve the students' educational experience.

Full-time undergraduate students, department faculty, and staff are eligible to apply. All student proposals must be approved by a supervising faculty or staff member. Joint proposals must identify the principal applicant and all co-applicants. Applications must be submitted by

**February 14 at 5:00 pm** to the LSSU Foundation office or via email to

[foundation@lssu.edu](mailto:foundation@lssu.edu). Please do not use campus mail. Late applications will not be considered.

*Upon completion of the funded project, a summary of the project, including how the funding was utilized, and a photo must be provided to the LSSU Foundation.*

### **Applicant Information** *(please print)*

Primary Applicant: \_\_\_\_\_

Advisor/Supervisor: \_\_\_\_\_

Co-applicant(s) (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student     Student Group     Faculty     Staff     University Department

How many students will be participating in the project or activity? \_\_\_\_\_

### **Project Information** *(please print)*

Project Name: \_\_\_\_\_

Brief Description of Project (one sentence): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of the Project: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Total Project Cost (estimated): \$ \_\_\_\_\_

***In addition to this cover sheet, please attach the following:***

**1. Narrative (not to exceed two [2] pages) that includes the following:**

- a. Provide a statement of intent that includes the project's objectives, plan, and timetable.
- b. How does this project contribute to student learning or to the university?
- c. How does the project fulfill one or more of the "Four Pillars of Institutional Need"?

**2. Budget**

Attach a budget that itemizes costs (supplies, equipment, marketing, etc.), amounts requested through this application, and amounts received/anticipated from other sources. Detail which expenses the requested funds will be covering.

---

*I hereby attest that the information contained on this application and supporting documentation is a complete and truthful representation of the project to be completed and that the funds will be used to complete the project as outlined herein.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

Submit applications to the LSSU Foundation office in the Lukenda Alumni House. If you have any questions, please call 906-635-2665 or email [foundation@lssu.edu](mailto:foundation@lssu.edu)

---

*If this application is submitted by a **student or student group**, the application must be approved by the **faculty or staff advisor/supervisor**. Applicants who are a **faculty or staff member** need approval of the **department chair or division vice president**.*

***Faculty/Staff Advisor OR College Dean/Division VP***

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

*Do not write below this line*

**Date of Review:** \_\_\_\_\_ **Outcome:** \_\_\_\_\_

**Recommendation to Committee:** \_\_\_\_\_

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

*LSSU Foundation Executive Director*