**Graduate Student Research and Conference Travel Grants**

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| --- | --- | --- | --- | --- |
| DATE OF REQUEST: | | | TITLE: | |
| DATES (Start/End): | | | TOTAL BUDGET: | |
| SUMMARY OF PROPOSAL: (One sentence only.) | | | ISP FUNDS REQUESTED: | |
|  | | | **$** | |
| APPROVED (OFFICE USE): | |
|
|
| APPLICANT INFORMATION: | | | CAMPUS ADDRESS: | |
| FIRST NAME: | | | LINE 1: | |
| LAST NAME: | | | LINE 2: | |
| UMID: | | | CITY: | |
| PHONE: | | | STATE: | |
| E-MAIL: | | | ZIP: | |
| **COST-SHARING INFORMATION** | | | | |
| FUNDS REQUESTED FROM (Unit/Contact Person): | | | REQUESTED: | CONTRIBUTED: |
| 1 | | | $ | $ |
| 2 | | | $ | $ |
| 3 | | | $ | $ |
| 4 | | | $ | $ |
| I understand that this award may be listed in a Program or University Publication. | | | | |
| I will provide a narrative report to the Program upon request. | | | | |
| **APPLICANT SIGNATURE:** | | | | |
| Applicant Name Printed: | | Date: | | |
| **FOR OFFICE USE ONLY** | | | | |
| Amount Approved: | Signature: | | Funding Source: | Code: |
|  |  | |  |  |

For a funding request to be considered, this form must be completed in full and accompanied by an explanatory statement no longer than 1,000 words, a budget detailing anticipated costs with all sources of support listed (pending and confirmed), and a current CV for each principal organizer/participant. ISP will review funding requests on a rolling basis. Please submit all materials to [IslamicStudies@umich.edu](mailto:IslamicStudies@umich.edu).