**ISP Undergraduate Event Co-Sponsorship Awards**

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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: | |
| POSITION/TITLE: | | | | CITY: | |
| PHONE: | | | | STATE: | |
| E-MAIL: | | | | ZIP: | |
| CENTER/DEPT/SCHOOL: | | | | | |
| COST-SHARING INFORMATION | | | | | |
| FUNDS REQUESTED FROM (Unit/Contact Person): | | | | REQUESTED: | CONTRIBUTED: |
| 1 | | | | $ | $ |
| 2 | | | | $ | $ |
| 3 | | | | $ | $ |
| 4 | | | | $ | $ |
| INFORMATION FOR TRANSFER OF FUNDS | | | | | |
| Department Admin/Contact (For Transfer of Funds): | | Shortcode: | | | |
| Name: | | Fund: | | | |
| Phone: | | Program: | | | Class: |
| E-mail: | | Dept ID: | | | Proj/Grant: |
| 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 and a budget detailing anticipated costs with all sources of support listed (pending and confirmed). ISP will review funding requests on a rolling basis. Please submit all materials to [IslamicStudies@umich.edu](mailto:IslamicStudies@umich.edu).