

**ACS Diversity Mini-Grants for Student Led Collaboration with Faculty/Staff
Proposal Cover Sheet**

Please print or type all information

Project Title:

Student Name:

Class year:

E-mail:

Representing _____
Name of student organization

Institution:

Phone:

Faculty/Staff Name:

Department/Office:

Phone:

Fax:

E-mail:

Amount requested:

Proposed grant period:

Signature of student submitting proposal _____

Signature of faculty/staff collaborator _____

Name of Senior Student Affairs Officer

Name of Chief Academic Officer:

Signature of Sr. Student Affairs Office

Signature of Chief Academic Officer

Date _____

Date _____

Evidence of institutional support is required for each mini-grant proposal in the form of a joint letter of support from the proposal author's senior Student Affairs Officer and senior Academic Dean. The faculty/staff collaborator also needs to include a letter outlining his/her involvement and support.

For ACS Office use only

Date received _____

By _____

Date sent to Review Committee _____

Action _____

Notification sent _____

Award Accepted _____