

LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION

Funding Request Budget Form

Please be sure to complete this form in full. The term “Project” below could refer to your research, including summer research and/or conference/institutional visit. *All Scholars are strongly encouraged to seek alternate forms of funding *prior* and in addition to requesting support from the LSAMP Program.

DATE OF REQUEST:

ANTICIPATED DATE OF NEED:

FIRST NAME:

LAST NAME:

RUID:

PROJECT TYPE:

DATE OF PROJECT:

PROJECT TITLE:

PROJECT BUDGET:

Item Name and Description	Quantity	Unit Price	Total Cost
Total Budget for Project			

OTHER FUNDING SOURCES (If Any):

Department/Organization Name	Name of Award	Status	Amount
Total Budget for Project			

AMOUNT REQUESTING FROM LSAMP

(Total Budget for Project MINUS Total Other Funding):

I, _____ verify that all the information provided above is accurate.

Student's Name:

Student Signature: _____

Office Use Only:

Amount Funded: \$	LSAMP Staff Member:	Staff Signature:
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