

Matching Funds Application Form

Applicant Information:

Name: _____

Position: _____

Department: _____ Email: _____

School/College: _____ Campus Phone: _____

Please attach name and contact information for additional grant members, if applicable.

Grant Request Information:

Original Grant Title and Award Date: _____

Current Amount Requested (limit \$500.00): _____

Course Name, Number, Section: _____

Semester of Implementation: ___ Fall ___ Spring ___ Summer

Number of students that this project will impact: _____

Request Summary: Describe the proposed grant request, including the overall goals and how the requested funds will be used in the classroom. Indicate the required meta-reflection activity as described in the grant guidelines.

Budget: Provide an itemized budget. Include specific budget items, amounts, total, and justification. Also, indicate the matching fund amount and funding partner. Attach confirmation statements and letters of support regarding the match from your Department Head (and any additional funding partners). The funding limit from WCTL for these Matching Grants is \$500.00. Note that this is a one-time only set of funds available to augment previous HIP grants.

Applicant Signature and Date: _____

Application Attachments: Course syllabus (required)