

## Region X Grant Application

**Name:** \_\_\_\_\_ **NAFSA Member:**  No  Yes: # \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Institutional Affiliation:** \_\_\_\_\_

**Grant Type (select one below):** \_\_\_\_\_ **Amount Requested: \$** \_\_\_\_\_

Travel (*up to \$250*)  
  Research (*up to \$1500*)  
  Advocacy Project (*up to \$1500*)  
  Academy (*up to \$250*)

**Statement of Purpose:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  See Attached

**Estimated Budget** (include all related costs: transportation, lodging, registration fees, etc.):  See Attached

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Proposed Timeline** (to meet goals set forth in Statement of Purpose): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  See Attached

*If grant funds are awarded, I understand that I will be asked to provide feedback on outcomes to the Region, which may include a written report, conference presentation, and/or other arrangements.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive Decision:**  Deny  Approve: \$ \_\_\_\_\_ **Sig:** \_\_\_\_\_ **Date:** \_\_\_\_\_