



<p><i>For Office Use Only</i></p> <p><i>Approved</i></p> <p><i>Not Approved</i></p>
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### IGL FUNDING REQUEST FORM

This form must be completed in full before your funding request can be considered.

The completed form should be submitted to [igl@tufts.edu](mailto:igl@tufts.edu) using the following file naming convention F[last name]20160728[date].

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IGL will review your request and, if its fits within our current funding guidelines and priorities, do its best to provide resources. Do not assume IGL will provide 100% of the amount you have requested.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tufts Student ID Number: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ School: \_\_\_\_\_ Major: \_\_\_\_\_

IGL Program/Student Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Is the funding for (please circle one):

Research

Project

Internship

Title: \_\_\_\_\_

Please circle one:

IGL Student Group Project

Group Project

Individual Student

*If you are not part of the IGL, please attach a letter of support from your faculty advisor, group advisor, or sponsor.*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Cost \*: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_

*\*Attach a budget*

<p>Dept. ID #: _____</p> <p><i>To be completed by IGL staff</i></p>	<p>Type: _____</p> <p><i>To be completed by IGL Staff (Scholarship/Reimbursement)</i></p>
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## **FUNDING REQUEST**

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*Are you receiving funds from your department, school, or other organization toward this project/event? Please provide information about the amount and source of funds you are receiving.*

*Have you previously received funding from the IGL for this or other projects? If so, please explain.*



### IGL Funding Request Budget Worksheet

*Please be advised, the IGL will do its best to support your request if it meets the educational goals, mission and objectives of the IGL. Please do not assume your request will be fully funded.*

Name:
Event/Trip:
Student Group:

Complete Budget	
Flight: \$	Date/Location of Departure: Date/Location of Return: Please attach a researched flight itinerary
Housing: \$	# of days : Cost: per month _____ or per day _____ Source of info, please attach research that shows cost
Meals/Necessities: \$	# of days: Anticipated food cost per day Other necessities total: Please itemize with cost per item on a separate sheet (The Institute typically does not cover food costs.)
Ground Transit: \$	Purpose of Ground Transport: Anticipated Daily Need: Anticipated Cost: # of days: Please attach source of info on ground transport that shows the cost, and explain need
Other Expenses: \$	Please itemize with cost and explain:
<b>Total: \$</b>	Notes:

## Funding Request

Total	\$
Funding from other sources	\$ Source \$ Source
Student Contribution	\$
Funding Requested from the IGL	\$
Notes:	