



IGL FUNDING AWARD NOTIFICATION & CONDITIONS

****PLEASE NOTE:** Any deviation from the original stated use of these funds must be approved in advance

Name: _____ Class Year: _____

IGL Affiliation: _____

Funding Amount: _____ Funding Type: _____

Funding Conditions: _____

Reports / Returns / Expected Outcomes: _____

Travel Date/Period _____ Location/Country: _____

Dept. ID #: _____ Type: _____

SIGNATURES

Signature of Student

Date

Signature of Executive Director

Date

FOR OFFICE USE ONLY

Reviewed by: Founding Director Executive Director Associate Director

Received by: Program Assistant Institute Administrator

Funding Source: _____