Purdue University ~ Office of Engagement
Student Grant Program

APPLICATION

For Community Service/Service Learning Projects

Student Information

Name of Contact:  
Your Name

Phone:  
Your Phone

Email:  
Your Email

Campus:  
WL

Is this request being made by an individual or by a group?:

- Individual
- Group

Select the affiliation type:

- Class #
- Student Organization
- Study Abroad
- Unaffiliated

Course #:
EPICS

Project Information

Project Title:  
EPICS – Name of Team (Camp Riley)

Approximate # of Purdue students involved in organizing this project:

10  List how many students are on your team or project

Proposed Project Start Date:  
First day of the semester
Proposed Project End Date:

Last day of the semester - you can do 1 year if you have someone to report back.

Community Organization Partner Information

Name of Organization:

Project Partner (something like GLASS – Greater Lafayette Special Services)

Name of Contact:

Person you interact with as your project partner

Country:

Usually USA

Street 1:

2300 Cason Street

Street 2:


City:

Lafayette

State:

Indiana

Zip code:

47905

Phone:

765-111-2222

Email:

Project Partner’s email address

Purdue University Sponsor Information

Sponsor’s Name:

Your Team Advisor (Tim Strueh)

Phone:

765-494-1234
Email: EPICS team advisor email (tstrueh@purdue.edu)

Home Department: EPICS

Department where funds will be distributed: EPICS

Description of Project:

Give a brief description of your project/or projects you are requesting money for.

Income of Proposed Budget: None

List expected revenue for the project (if any) including sources and amounts. Community organizations or agencies receiving the service might choose to participate in the cost of the project or service.

Source

<table>
<thead>
<tr>
<th>Revenue Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

Expected Revenue Total: $0.00

Expenses of Proposed Budget

List expected revenue for the project (if any) including sources and amounts. Community organizations or agencies receiving the service might choose to participate in the cost of the project or service.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Ext Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wooden Frame (Tactile Wall)</td>
<td>1</td>
<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Fabric (tactile wall)</td>
<td>1</td>
<td>$60.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>Accessories (tactile wall)</td>
<td>1</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>RGB LEDS (wall projector)</td>
<td>1</td>
<td>$130.00</td>
<td>$130.00</td>
</tr>
</tbody>
</table>
Plastic Sheet  1  $35.00  $35.00

TOTAL AMOUNT REQUESTED:  
$345.00

Acceptance/Signature

Student Acceptance Date:
MM/DD/YYYY

- Approve
- Deny

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Submit

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