

**Group Application for Honors Enrichment Award**

Group Name\*: \_\_\_\_\_

Group Representative: \_\_\_\_\_

Representative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Enrichment Request:

Benefits:

Estimated Costs:

Other Sources of funding (if any):

Total Request: \$\_\_\_\_\_

**Application Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All approved enrichment requests require a post-enrichment report.**

*\*A listing of all group members with name and CSU ID must accompany this application.*

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**For Approval Committee Use Only**

Modifications to Proposal:

Approval Date: \_\_\_\_\_

Amount Approved: \$\_\_\_\_\_

Approval: \_\_\_\_\_

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

Robert Keller

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**Office Use Only**

Approved plus any adjustments: \_\_\_\_\_

Post enrichment report received: \_\_\_\_\_