

**Individual Application for Honors Enrichment Award**

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

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.*

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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: \_\_\_\_\_