Special Projects Application

Contact Person _____________________________________________ Date __________
Campus and Department _____________________________________________
Campus Phone/Ext ____________________ e-mail ______________________________
Project Title___________________________________ Amount Requested __________
Student ID # (if applicable)___________________________________________

1. State the objectives of your project.

2. Describe how this project will benefit students of St. Louis Community College, faculty and staff.

3. How will your project affect the learning environment?

4. Will this project engage community activity?

(Continued)
5. Define how you will measure or evaluate the outcomes of the project.

6. Provide a budget including all sources of funds. (The Foundation encourages applicants to find partial funding from other sources.) [NOTE: Projects are funded for up to $2,000.] You may attach a separate budget sheet if necessary.

7. Provide a timeframe for the project.

**Approval:** (Application must include the signature of the applicant’s supervisor i.e. department chair, division dean etc.)

__________________________________________________________________________________________

Name                                      Date: