

Funding Applications Form

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| Applicant’s Name/Year of Study: | | Organization/Position: |
| Contact Information | | |
| Queen’s Email Address: | | Phone Number: |
| Purpose  (Briefly describe the purpose for funding) | | |
| Predicted Budget  (Please describe your budget in as much detail as possible) | | |
| Date of Application (DD/MM/YY) | Applicant’s Signature | |
| For Office Use Only | | |
| Date Received (DD/MM/YY) | Signature of Approval | |

Please wait three (3) to five (5) business days for funding form to be processed. We thank you in advance for your understanding and patience.

Feel free to attach another file elaborating your predicted budget. Upon completion, please save submission as a **pdf** and please rename completed form as

**<first name>.fundingrequest**

**Please email your signed and completed form, as well as your questions and/or concerns to**[**vpops@nss.queensu.ca**](mailto:vpops@nss.queensu.ca)