**APPLICATION FOR APLE AWARD**

Application Deadlines: Fall – October 31,

 Spring – February 15

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus/Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a full-time A&S undergraduate student?\_\_\_\_\_\_\_\_

**Please note: Only students in the College of Arts & Sciences are eligible for APLE Awards**.

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative grade point average (cum gpa) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Standing (circle): First Year, Sophomore, Junior, Senior

Amount Requested from College of Arts & Sciences [maximum $250]: \_\_\_\_\_\_\_\_\_\_

Amount Requested from Department: \_\_\_\_\_\_\_\_\_\_

[must equal or exceed amount requested from College]:

Total Requested: \_\_\_\_\_\_\_\_\_\_

*I agree that the funds will be used for the purposes of the described project. If my plans change, I will notify my faculty sponsor, department chair and the Dean’s Office, College of Arts and Sciences.*

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I have read the attached project description, endorse the project and agree that the budget is appropriate. I agree to be responsible for project oversight, purchase of supplies, and accounting of expenses. The Dean's Office portion of the student's award will be issued to the Department solely to be used for expenses related to this project. If plans change, I will notify my Department chair and the Dean’s Office, College of Arts and Sciences, and return funding as appropriate.*

Faculty Sponsor

**Please note: Students working with a non-CAS faculty member must also have a CAS sponsor.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I agree to provide the Departmental funds requested above.*

Department Chair

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please attach a one-page description of the project (in your own words). Note that research involving human subjects requires Institutional Review Board (IRB) approval; please indicate if approval has been received or is in process.
* Please provide a one-page financial justification, listing all expenses. Please break the expenses down into component parts. Explain how this funding will enhance your project.
* Materials should be submitted electronically to:

APLE Award E:-mail: cas+aple@uvm.edu

 College of Arts & Sciences

 438 College St.

University of Vermont