**APLE AWARD APPLICATION**

**Application Deadlines**: Fall Semester – October 31st, end of business day.

Spring Semester – February 15th, end of business day.

**To apply, please submit**: 1. Completed application form

2. A one-page description of the project (in your own words)

3. A one-page financial justification, listing all expenses

\**See the second page for the in-depth description of*  
 *application review criteria.*

**Email completed application to**: [CAS+APLE@uvm.edu](mailto:cas+aple@uvm.edu)

**Or drop off/mail to**: College of Arts and Sciences Dean’s Office

438 College Street

Burlington, VT 05405

Name:

Student ID #: Department:

Local Home Mailing Address:

(*Do not use a campus office/lab address*)

Permanent Address:

Email: Phone:

Are you a Full-time CAS Student? Yes / No

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

Current cumulative grade point average (cumgpa): Class standing: First Year, Sophomore, Junior, Senior

Project Title:

**Budget**

Amount Requested from College of Arts & Sciences: $

*(Maximum $250.00)*

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 Signature: Date:

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.

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

Faculty SponsorSignature: Date:

Print Name:

I agree to provide the Departmental funds requested above.

Department Chair’s Signature: Date:

Print Name:

**To apply, please submit**:

1. Completed application form
2. A one-page description of the project (in your own words) that explains the “what”, “why”, “how” and “when” (see below.)
   * *Note that research involving human subjects requires Institutional Review Board (IRB) approval; please indicate if approval has been received or is in process.*
3. A one-page financial justification, listing all expenses. Please break the expenses down into component parts and explain how this funding will enhance your project and how the funds would be spent (see below.)

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| **Narrative Description Application Review Criteria** | |
| Content (what?) | A 1-2 sentence summary of what is proposed is included and the background information places the work in the disciplinary context. |
| Significance (why?) | Information on the significance of the proposed scholarly or creative work is convincing |
| Work plan (how and when?) | The work plan is thought out, clear and a timeline is provided |
| Style | Narrative is understandable for a general audience, jargon is avoided. |
| Budget | Budget is justified and appropriate for proposed work |

*Updated February 12, 2019*