



<i>For Office Use Only</i>	
<input type="checkbox"/>	<i>Approved</i>
<input type="checkbox"/>	<i>Not Approved</i>

IGL Funding Request Form

This form must be completed before any funding request can be considered. The completed form should be submitted to igl@tufts.edu using the following file naming convention: F[last name]20180828 [date].

In addition to this form, you must also submit the following:

- *A full project proposal (1-2 pages)
- *Itemized budget
- *For internships, letter/email confirming internship
- *For students not affiliated with the IGL, please submit a faculty letter of recommendation

The IGL will review your request and do its best to support your request if it meets the educational goals, mission, and objective of the IGL. Please do not assume that the IGL will provide 100% of your funding request.

Name: _____ Date: _____

Tufts Student ID Number: _____

Year of Graduation: _____ School: _____ Major: _____

IGL Program/Student Organization: _____

Email: _____ Phone Number: _____

Campus Address: _____

What is the funding for (select one):

Research
Project
Internship

Title/Organization: _____

Please select one:

IGL Student Group Project
Group (non-IGL)
Individual Student

If you are not a part of the IGL, please attach a letter of support from your faculty advisor, group advisor, or sponsor.

Start Date: _____ End Date: _____

Total Cost: _____ Total Amount Requested: _____

To be completed by IGL staff

Total Amount Awarded: _____

Dept. ID#: _____ Type: _____

FUNDING REQUEST

Please indicate what you hope to learn from this research project or internship.

Have you previously received funding from the IGL for this or other projects? If so, please explain.



IGL Funding Request Budget Worksheet

Name:
Event/Trip:
Student Group:

*Please attach an itemized budget sheet that includes a breakdown of your budget on i.e. date and location of departure/ arrival, number of days needed for housing, cost of housing per day/month, purpose of ground transportation, cost of transportation per day, etc.

Complete Budget	
Flight: \$	Date/Location of Departure: Date/Location of Return: Please attached a researched flight itinerary
Housing: \$	Number of days: Cost: per month _____ or per day _____ Source of info, please attach research that shows cost
Meals/Necessities: \$	Number of days: Anticipated food cost per day: Other necessities total: Please itemize with cost per item on a separate sheet (The Institute typically does not cover food costs.)
Ground Transit: \$	Purpose of Ground Transport Anticipated Daily Need: Anticipated Cost: Number of days: Please attach source of info on ground transport that shows cost and explain need
Other Expenses: \$	Pleas itemize with cost and explain:
Total: \$	Notes:

Funding Request	
Total	\$
Funding from other sources *please indicate whether other funding has been applied for or confirmed	\$ Source \$ Source
Student Contribution	\$
Funding Requested from the IGL	\$
Notes:	

*This form must be completed in full before your funding request can be considered.