APPLICATION FOR PROJECT GRANT

Guidelines

**Health Professions Student Council**

230 Student Center West (M/C 579)

828 South Wolcott Avenue

Chicago, IL 60612

The Health Professions Student Council Project Grants are monetary grants which provide financial assistance to health professions student organizations or individual students who seek to complete a service project. In order to receive any funding, the student or group must be currently enrolled and seeking a degree in a health professions college at the University of Illinois. The Health Professions Student Council attempts to support as many qualified applicants as possible. However, grants are contingent upon the availability of funds.

The deadlines for submission for an academic year are as follows:

**Project Grant Due Dates for the 2018-2019 school year:**

**1 week prior to the HPSC meeting between September and April.**

**(see meeting dates on website)**

**Project Grant Eligibility**

Applicants must be currently enrolled, degree-seeking students in a health professions college or recognized health professions student organizations. Non-degree students, former students and students enrolled in other colleges at UIC are not eligible. Student organizations of other colleges at UIC are also not eligible.

Projects include, but are not limited to, health fairs and campus projects. *Preference for funding will be given to projects that include members of other health professions colleges and non-for-profit projects.* **Please note that community service projects that serve those outside of the UIC community are not eligible for funding***.*

Project grants will cover the following expenses: advertisements, materials needed for the project and rental fees. *Project grants will* ***not*** *cover transportation, permanent equipment* ***(this means anything that can be used after the event is over such as; medical devices, athletic equipment, et cetera)*** *video/audio equipment or fundraisers.*

An individual or student organization may receive more than one (1) project grant depending on the number of applicants and the availability of funds. Applicants are encouraged to apply for a grant prior to the actual dates of the service project.

Once a student or student organization is notified of receiving project grant funding, advertisements in the form of fliers or email must be submitted to the HPSC Treasurer (hpscgrants@gmail.com) at least two (2) weeks prior to the event or within one (1) week following notification. Failure to submit advertisements will result in disqualification to receive the project grant.

**Application Instructions**

**Please submit the completed application form, project proposal and itemized budget.** All three (3) forms must be completed in order to qualify for consideration. The project description should provide the Health Professions Student Council with an understanding of the purpose of the project and a financial breakdown of the project costs. There should also be a total amount of funding that you are requesting from the Health Professions Student Council.

*Please do not include the name of your college in any aspect of the project description.* If you are including the title of an event, the title should not include the name of your college. *Please do NOT submit original receipts with your application.*

***All applications are to be submitted to HPSC via email at*** ***hpscgrants@gmail.com******. Paper applications are no longer accepted for consideration.***

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**NOTE: ALL 3 PAGES MUST BE TYPED!**

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Chicago, IL 60612

**Applicant Information** *Please complete the information for the individual that will be reimbursed if funding is granted*

Student Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University ID # *UIN found in blue on I-card* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Professions College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your electronic signature indicates that you have read and understand the project grant guidelines set forth by the Health Professions Student Council. Your signature above also indicates that you have answered all questions on this application truthfully and to the best of your knowledge. Failure to do so will automatically be grounds for disqualification and your application will not be considered for the grant.

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**For HPSC use only:** Date received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ ID #\_\_\_\_\_\_\_

Funded ❑ Yes ❑ No Amount $\_\_\_\_\_\_\_\_\_\_\_\_ Advertisement/Email ❑ Yes ❑ No

❑ Info Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Proposal

**NOTE: MUST BE TYPED!**

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**Project Information** *Please do not include the name of the health professions college in the project title*

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

Dates of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check **one** for each part:

a. \_\_\_\_\_Individual student project **OR** \_\_\_\_\_Student organization project

b. \_\_\_\_\_Community service project **OR** \_\_\_\_\_Campus-wide project

c. \_\_\_\_\_Only my college can participate **OR** \_\_\_\_\_Other health professions colleges can participate

2. Do you anticipate receiving any additional funding (excluding possible HPSC funding)? *please choose one* Yes No

If yes, please provide a brief explanation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If HPSC is only able to partially fund your project, will you be able to complete the project? *please choose one* Yes No

If not, please provide a brief explanation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Please provide a detailed description of your project proposal.**  Please attach additional sheets if necessary***.*** *Do not include the name of your college.*

**For HPSC use only:**

ID #\_\_\_\_\_\_\_

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Itemized Budget

**NOTE: MUST BE TYPED!**

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Please complete the itemized budget form below. *If the itemized budget is not completed, your proposal will not be reviewed.*

If additional space is required, please copy this chart to another page and attach to the application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Description***Please be as detailed as possible.* | **Price** | **Quantity** | **Subtotal** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |
| 15. |  |  |  |
|  |  | Total FundingRequested: |  |

The amount of funding you receive will not be more than what appears in the box above.

**For HPSC use only:** Date received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ ID #\_\_\_\_\_\_\_

Funded ❑ Yes ❑ No Amount $\_\_\_\_\_\_\_\_\_\_\_\_ Advertisement/Email ❑ Yes ❑ No

❑ Info Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_