

# Maynard Klein Award Application

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Semester when award will be granted:

\_\_\_\_\_ Fall \_\_\_\_\_

\_\_\_\_\_ Spring \_\_\_\_\_

## Title of Proposal:

\_\_\_\_\_

Dates of Proposed Activity:

\_\_\_\_\_

Brief Description of Proposed Activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please attach a detailed description and budget.)

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Faculty Signature

\_\_\_\_\_

Date