

Appendix II.

GRANT DEVELOPMENT INSTITUTE APPLICATION FORM*

Name:		Title/Faculty Rank:
Department:	Email:	Telephone:
Brief Description of Your Proposed Grant Idea. <i>Attach additional sheets as necessary.</i>		

By signing this form, you certify that: you understand the guidelines and rules about the GDI; you agree to meet the requirements for a GDI participant, if selected.

TYPED NAME	SIGNATURE	DATE
Applicant:		
Chair of the Department:		

**Most recent resume is required to be submitted with this application form.*