

Small Grants Initiative for Alumni Application Information Form

Date: / /

PERSONAL INFORMATION

Full name: Mr. Ms. Mrs. Dr. _____ male female

Home Address _____

Mobile Phone _____

Business Address _____

Business Phone _____ Email _____ Fax _____

EMPLOYMENT

Organization _____

Current Position _____ Years in Current Position _____

PROJECT NAME: _____

PROJECT PARTNERS:

UC BERKELEY PARTNER(S)*	ELP ALUMNI PARTNER(S) - optional
Name(s): _____	Name(s): _____
Discipline: _____	Institution: _____
Faculty/researcher <input type="checkbox"/> Graduate student <input type="checkbox"/>	Discipline: _____

**You will need to ask your principal UC Berkeley partner to submit a letter of commitment*

AMOUNT REQUESTED: US \$ _____

NAME OF CONTACT PERSON or office in your organization that is in charge of processing grants:

Address _____ Fax: _____

BANK INFORMATION OF ORGANIZATION:

Name on account to be credited: _____

Bank Name: _____ Account Number: _____

Bank Address: _____

Bank Swift Number: _____

SUPPORT LETTER*

Provide the following information for the individual from whom you are requesting the letter of support.

Name _____ Title _____

Organization _____

Address _____

Business phone _____ Email _____ Fax _____