

**CHIP Grant**

**Request for Disbursement**

**Grantee Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Name\*** |  | |  | | | |  | |  |
|  | *Last* | | *First* | | | | *Middle Initial* | | *Jr., III, etc.* |
|  | \*For non-US citizens: Please use name exactly as it appears on your passport. | | | | | | | | |
|  | | | | | | | | | |
| **Student I.D. Number** | | | | **Date of Birth (mm/dd/yyyy)** | | | | | |
|  | | | | | | | | | |
| **Campus Address** *(CU Box Number)* | | | | **Class (Graduation) Year** | | | | | |
|  | | | | | | | | | |
| **Mailing Address** | |  | | | | |  | | |
|  | | *Number and Street* | | | | | *Address 2 (if necessary)* | | |
|  | | |  |  | |  | |
| *City* | | | *State* | *Zip/Postal Code* | | *Country (if other than U.S.* | |
|  | | | | | | | | | |
| **Date of Request (mm/dd/yyyy)** | | | | **Academic Term of Fund Use:**  - | | | | | |
|  | | | | *Enter the term during which funds will be used (e.g., Spring-2016)* | | | | | |
|  | | | | **A new request must be completed each term, even if for same project** | | | | | |

**Status of Funding (please round to nearest dollar)**

|  |  |
| --- | --- |
| Total Grant Amount | $ |
| Funding Disbursements to Date | $ |
| Balance to Date | $ |
|  | **Estimated** | **Actual (office use only)** |
| Current Estimated Amount Requested | $ | $ |
| Estimated Account Balance | $ | $ |

**Summary of Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount Requested** | **Expense Type Code (see below)** | **Stipend or Reimbursement for Expenses?** | **Beginning Date (of internship, travel or project)** | **End Date (of internship, travel or project)** |
| $ |  |  |  |  |
| $ |  |  |  |  |
| $ |  |  |  |  |
| $ |  |  |  |  |

**Expense Type**

1. Travel Expenses (e.g., study abroad, housing for off campus research)
2. Stipend (e.g., internship, research assistant)
3. Research materials (to remain property of Capital University)
4. Other (please specify in description on following page)

Please describe each proposed expense listed above in detail. Explain how the expense will be used for your research, internship or other approved experience.

|  |
| --- |
|  |

**Required Signatures**

|  |  |  |
| --- | --- | --- |
| **Disbursement requests will not be reviewed without the proper signatures.** | | |
| **Student** | **­**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date** |
|  | I have discussed the proposed project with a faculty mentor and certify that the expenditures above a valid and allowable CHIP expenses. |  |
|  |  |  |
| **Faculty Mentor** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date** |
|  | I have discussed and approve the proposed project for the above student. |  |
|  |  |  |
|  |  |  |

**Email completed form to** [**research@capital.edu**](mailto:research@capital.edu)

**Requests will be reviewed by the Assistant Provost for Experiential Learning. Notice of approval will be forwarded to the student and mentor. No funds should be spent prior to approval.**

**Once approved, the student must complete the appropriate university travel/reimbursement forms in order to receive requested funds.**

Please contact Stephanie Gray Wilson, Assistant Provost for Experiential Learning, with any questions. [swilson@capital.edu](mailto:swilson@capital.edu).

For office use only:

|  |  |  |
| --- | --- | --- |
| **Approval Signature** | **­**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date** |

Assistant Provost for Experiential Learning