# Individual Application for Honors Enrichment Award
*(For requests related to the Honors Thesis, complete the Thesis Improvement Grant Application)*
## Form must be typed

Name: _____ CSU ID: _____

Phone: _____ Email: _____

Description of Enrichment Request (include dates of activity):

Benefits:

Estimated Costs:

Other sources of funding (if any):

Total Request: $_____

**Applicant Signature: _____ Date: _____**

*All approved enrichment requests require a post-enrichment report. Post-enrichment reports will be published on the Honors website.*

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## For Approval Committee Use Only

Modifications to Proposal:

Amount Approved: $_____

Approval: _____ Date: _____
          Director, University Honors Program

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## Office Use Only

Approved plus any adjustments: _____ Post enrichment report received: _____