



Thatcher Hoffman Smith Prize 2016-17 APPLICATION FORM

Applicant Information

Project Title: _____

Please provide the following information for each applicant. If more space is needed, please include information for additional applicants on a separate piece of paper.

Full Name: _____ Student ID: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____
Campus: _____

Full Name: _____ Student ID: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____
Campus: _____

Full Name: _____ Student ID: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____
Campus: _____

NARRATIVE AND ESTIMATED PROJECT EXPENSES

Type answers to each of the following questions. At the top of each sheet type your name, the project title, and the question. No more than one page is allowed per question. Applications with more than one page per question will be discarded. Do not include any additional materials or other visual aides.

1. Provide a description of the project, from inception to potential completion. How is your process creative?
2. State the goals of this project and why it is needed. Also explain the potential impact the project will have on the community. Explain how your project or program is different from similar projects that currently exist.
3. Where are you in the process? Outline steps you have taken to date.
4. Describe your proposed methods for evaluating the project's effectiveness. What criteria will you use in the evaluation?
5. Describe specifically how the funds will be used. Provide a detailed budget indicating any additional funding sources. (A sample budget is available upon request.)
6. Outline the publicity and/or promotional plans for your project.
7. In addition, please include a **one-page** autobiography or resume for each individual working on the project.

ASSURANCES AND CERTIFICATION

If a prize is awarded, the applicant hereby gives assurance to the Thatcher Hoffman Smith Prize Committee that:

1. The activities for which financial assistance is sought will be administered by or under the supervision of the applying organization.
2. The applicant has read, understands and will conform to the intent outlined in the program guidelines.
3. The applicant will comply with all applicable City, County, State and Federal laws, regulations and ordinances, including but not limited to Title VII of the Civil Rights Act of 1964, as amended; the Fair Labor Standards Act; the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973; and the Age Discrimination in Employment Act.
4. The undersigned certify that the information contained in the application, including all attachments and supporting material, is true and correct to the best of their knowledge.

Applicant Signature

Signature of Additional Applicant

Title

Date

Title

Date