

**COLLEGE OF BUSINESS
SEED MONEY GRANT PROGRAM APPLICATION FORM**

Date: _____

Faculty Applicant(s): _____

Telephone Number: _____ Telephone Number: _____

Department: _____ Department: _____

Project Title: _____

Description of Project:

(One double-spaced page may be appended if needed.)

Requested Funds :

Budget	Category	Amount	Priority*	Explanation of Need

* Identify the importance of each request for achieving the objectives of the research. The highest priority is 1, lowest is 3.