

**APPLICATION
STATE FARM TECHNOLOGY SMALL GRANT PROGRAM**

Date: _____
Name: _____
Phone: _____

Department: _____
E-mail: _____

1. Please provide a brief description of your request:

H. Budget:

Software	\$ _____
Conference/seminar Registration	\$ _____
Travel	\$ _____
Other	\$ _____
Total Amount Requested	\$ _____

III. Please provide a brief explanation of the expected outcomes and benefits if your request is funded.

Faculty signature _____

IV. Department chair's supporting comments:

Department chair signature: _____ Date: _____