



CALIFORNIA STATE UNIVERSITY, LONG BEACH

ALUMNI ASSOCIATION

Alumni Grants Program
2010-11 APPLICATION

Application is due in the Alumni Office on December 10, 2010 at 5 p.m., FAX x5-5488; e-mail alumni@csulb.edu, phone is x5-7159. Location is University Student Union Room 112.

We are requesting:

\$ _____ \$1,500 to \$10,000
(must match the itemized budget total, quest. #8)

The Alumni Grants Program thanks SchoolsFirst Federal Credit Union for its support.

ONLY COMPLETED TYPED APPLICATIONS WILL BE ACCEPTED.

Grant money to be used for: _____

College name: _____

Department or program name (no abbreviations): _____

Contact name (faculty/staff), phone number, e-mail: _____

1. Number of students you expect your program/purchase to benefit per semester: _____

2. Unique or unmet student need your program will serve: _____

3. Will you be co-sponsoring this program/purchase with another group? [] Yes [] No
If yes, with whom? _____

4. Describe matching funds that might be available. _____
Have they been secured? [] Yes [] No If yes, please provide documentation.

5. Is this a new or existing program? [] New [] Existing

6. Have you previously applied for an Alumni Grant for this specific project? [] Yes [] No
Was this project funded? [] Yes [] No What year was it funded? _____

If I am awarded this grant, I agree to submit copies of invoices or receipts of the items or services purchased with the Alumni Grants funds to the Alumni Association.

[] Check box if you agree. Date: _____

7. In the **space provided below**, please (A) **Describe** your grant or purchase, (B) describe its **educational impact** on student success, and (C) describe how your grant will have a **lasting impact** to the university and greater Long Beach community. Please include diagrams or photos, if applicable, on a separate sheet of paper.

8. In the space provided below, please provide an itemized budget of the projected expenses. The total amount calculated here must match the amount requested on page 1.