Have you participated in the Service Learning Institute (through UNI)? Yes [ ] No [ ]
*If yes, please name your community partner and provide a brief description of the project/project idea if it relates to this application.

Start Date: ___________________ End Date: ___________________

PROJECT PERSONNEL

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Please describe the following below (see criteria for details):

1. A brief description of the project.
2. What are the educational and/or social benefits to students?
3. How will this project be connect to your scholarly agenda?
4. What are the benefits of this project for the organization and/or community?
5. If not funded, how will this project move forward?
1. A brief description of the project.

2. What are the educational and/or social benefits to students?
3. How will this project be connect to your scholarly agenda?

4. What are the benefits of this project for the organization and/or community?
5. Please provide an itemized budget explaining how the funds will be utilized including any other potential sources of funding. If not funded, how will this project move forward?

Additional Requirements:

1. The application must be accompanied by a one-page letter of support from the partnering community organization stating the impact and expected outcome(s).

2. By accepting this Fellowship you agree to participate in the Community Engagement Celebration Day, Thursday, April 19th.

APPROVAL SIGNATURES

Project Director: ___________________________________________ Date: ____________

Department Head: ___________________________________________ Date: ____________