

## **APPLICATION FOR FUNDING**

Providence College School of Arts & Sciences

Name:		
Date:		
Department:		
Purpose:		
Estimated Expe	enses Total:	
Other sources of	of funding for request:	
Amount of Fund	nding Sought:	
Description wit	th rationale as to how funding requested will advance scholarship (in box below)	
Signature:	Date:	-
P	Please return completed form via email to: <a href="mailto:PCSAS@providence.edu">PCSAS@providence.edu</a>	