MICHIGAN SPACE GRANT CONSORTIUM

Hands-On Experiences for College Student Groups (HONES) – Short Form

Please submit this application and accompanying documents to: bvyletel@umich.edu.

Student Team: _____

Project Title: _____

Applicant: _____ Position (circle one): Student Faculty Staff
First M.I. Last

Signature: _____ Date: _____
(if applicant is student/not the group's mentor)

Department: _____

College/University: _____

Telephone: _____ Email: _____

University space to be utilized by group: _____

_____

If part of a Regional or National competition, specify: _____

Date and location of event: _____

Total MSGC funds requested: _____ Total Non-Federal cost-share: _____

Faculty/Staff (circle one) Mentor: _____
First M.I. Last

Signature: _____ Date: _____

Telephone: _____ Email: _____

MSGC Campus Representative signature: _____

Office of Research approval: _____
Print Name Signature

I certify that the above information provided is correct and will abide by MSGC requirements.

Signature: _____ Date: _____