



FOR MAE INTERNAL USE ONLY

FUNDING: APPROVED _____ DISAPPROVED _____

AMOUNT OF FUNDING: _____ ACCOUNT # _____

CHAIR'S AUTHORIZATION : _____

DEPARTMENT OF MECHANICAL AND AEROSPACE ENGINEERING

REQUEST FOR STUDENT TEAM FUNDING

TEAM NAME: _____

COMPETITION NAME: _____

COMPETITION DATE AND LOCATION: _____

TEAM CAPTAIN'S CONTACT INFORMATION (EMAIL, TELEPHONE#):

FACULTY ADVISOR(S): _____

Please provide the following information and **limit your proposal to two pages.**

I. Proposal Description, including Purpose and Significance of the Competition

II. Prior Year's Accomplishment and Current Progress

III. Itemized Budget and Budget Justification