



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**