

**Individual Application for Honors Enrichment Award**

*(For requests related to the Honors Thesis, complete the Thesis Improvement Grant Application)*

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Enrichment Request (include dates of activity):

Benefits:

Estimated Costs:

Other sources of funding (if any):

Total Request: \$\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*All approved enrichment requests require a post-enrichment report.*

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**For Approval Committee Use Only**

Modifications to Proposal:

Amount Approved: \$\_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Director, University Honors Program

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**Office Use Only**

Approved plus any adjustments: \_\_\_\_\_ Post enrichment report received: \_\_\_\_\_