

	Applicant Contact Informat	tion	
Name of Office or Organization	n:		
Contact Person's Name and T			
		Apt, Suite, etc.:	
City:	State:	Zip Code:	
Phone:	Email:		
Website Address (if available)	:		
	STEM Program/Event Inform	nation	
Title:			
		Time(s):	
Location:	Funding Amou	Funding Amount Requested:	
How will this program specific	ally benefit Centre County women an	nd/or girls?	
Why are these funds being re	quested? Towards what budget item((s) will they be applied?	



STEM Mini-Grant Program Application Form (Page 2)

How will the AAUW State College Branch benefit from, and be recognized for, its support?
Please list all intended funding sources (include the amount requested from each source and the status of each request):
Awardees are expected to provide a brief follow-up report to the AAUW STEM Committee within approximately one month of the program date. The report should contain:
 Program results (participant feedback, evaluation metrics, outcomes, etc.) Attendance statistics
 Explanation of any changes from the proposed program description, attendee participation, marketing plan, and/or use of funds.
Please check the box below to confirm that you agree to submit this report.
☐ Yes, I agree to provide a follow-up report.
The following attachments are optional: • Copy of the program budget
 Additional info: website URL, marketing materials, program agenda, etc.
(Note: The logo for AAUW State College Branch will be provided to award recipients.)

Please submit the completed form and any additional information via email or standard mail as follows:

Email: Kristin Dreyer, STEM Committee Mini-Grant Program Coordinator

To: kad4@psu.edu

Subject: AAUW-SCB STEM Mini-Grant Proposal – Name of Applicant

Mail: AAUW State College Branch STEM Mini-Grant Program

Attention: Kristin Dreyer 2238 Setter Run Lane State College, PA 16801

<u>Questions</u>: Please contact Kristin Dreyer at <u>kad4@psu.edu</u>