

**Iowa SHRM State Council  
Student Chapter Grant Application**

Name of Chapter: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Name of College Relations Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Requested Funding Amount: \_\_\_\_\_

1. Please describe the proposed professional development project.
  
2. What is the proposed project timeframe?
  
3. Please detail necessary supplies and projected costs.
  
4. If any, what other organizations will be involved in this project?
  
5. What goals and objectives does your chapter hope to achieve upon completion of this project?
  
6. If your chapter is not granted funding through Iowa SHRM State Council, will you still proceed with the project?
  
7. Is this an annual or one-time professional development project?
  
8. If your chapter does receive funding, how will Iowa SHRM State Council be recognized?

November 30, 2001