



# Application for Brady Cox Endowment Funds

## Part I. Student Information *(To be completed by student)*

Student Name: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_ McMurry E-mail: \_\_\_\_\_  
 Academic Department or Unit: \_\_\_\_\_

**Purpose of funds:** *Endowment funds should be used to fund activities that enrich the education of Pre-Health Professional students, with the goal of broadening experience and preparation for a successful future as a health care professional. The maximum award is \$250.*

Please be as descriptive as possible in the spaces provided below.

1. Dates for the activity: Start: \_\_\_\_\_ End: \_\_\_\_\_
2. Location of activity: \_\_\_\_\_
3. Describe the activity: \_\_\_\_\_

## ANTICIPATED FUNDING NEEDS

Registration Fee	\$ _____	Auto	\$ _____
Lodging	\$ _____	Meals	\$ _____
Car Expense	\$ _____	Airfare	\$ _____

List other anticipated expenses: \_\_\_\_\_

TOTAL amount of funds requested \$ \_\_\_\_\_

**Disclaimer:** *If funds are awarded to you, please be prepared to write a thank you card to the Brady Cox family. You can stop by the STEM Student Success Center in Old Main South for a blank card to submit.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Part II. Faculty Input *(Please print – this part should be completed and submitted by supervising faculty member)*

Budget Year for activity requested: June 1<sup>st</sup> to May 31<sup>st</sup>

Supervising Faculty Signature: \_\_\_\_\_  
(Date)

Division/Department Chair Signature: \_\_\_\_\_  
(Date)

VP of Academic Affairs Signature: \_\_\_\_\_  
(Date)