

# Graduate Student Research and Professional Development Fund Application

School of Graduate Studies – Western Illinois University

Student Name: \_\_\_\_\_ WIU ID#: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree program: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ (Up to \$500)

Name of Faculty Sponsor: \_\_\_\_\_

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