CHAPTER/WORKING GROUP APPLICATION TO THE INCOSE FOUNDATION DATE:

Name

Address

Name of person submitting application/title:

Phone: Email:

Geographic area served:

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AMOUNT OF THIS REQUEST $ FUNDS NEEDED BY:

TIME FRAME IN WHICH FUNDS WILL BE USED: From To

PLEASE COMPLETE THE FOLLOWING:

Project Name

Total Project Cost

PLEASE DESCRIBE THE NEED FOR WHICH YOU ARE REQUESTING A GRANT. USE THE FOLLOWING QUESTIONS AS A GUIDE. THE INCOSE FOUNDATION IS INTERESTED IN ALL IDEAS AS LONG AS THEY PERTAIN TO THE MISSION OF THE ORGANIZATION. THIS COULD INCLUDE SUPPORTING STEM (Science Technology Engineering and Mathematics) PROJECTS, RESEARCH PROJECTS, WORK IN THE AREA OF DEVELOPING PROSTHEIC LIMBS. PLEASE LIMIT YOUR REQUEST TO NO MORE THAN TWO PAGES.

1. Who will the project serve?
2. What need will the project address?
3. How many will the project serve?
4. What geographic area will the project serve?

Please return your application to holly@univmgmt.com no later than 31 March 2017