ESSEF Application Form

Date: ___________________ Proposal Title: _____________________________________

**Protection of privacy:** The information related to this award is collected under the authority of the University Act (RSBC 1996, c 165). Financial Aid & Awards may release designated information to the donor of the award, provincial funding organizations and/or SFU departments and faculties. If you have any questions about the collection, use and disclosure of this information, contact the Director, Financial Aid and Awards, Simon Fraser University, (778) 782-6930.

**Applicant's declaration:** I certify that all statements on this application are true and complete to the best of my knowledge. I give SFU Financial Aid and Awards my consent to disclose information on this application form and/or any supporting documentation submitted as part of this application to other SFU departments, the Student Services branch of the Ministry of Advanced Education/Government Student Loan agencies and/or other educational institutions in order to verify any of the information I have provided. I give SFU Financial Aid and Awards my consent to collect any information I have provided to other SFU departments, the Student Services branch of the Ministry of Advanced Education/Government Student Loan agencies and/or other educational institutions for the purpose of verifying the information I have provided on this application and/or any supporting documentation provided as part of this application. I give SFU my consent to disclose to the award donor, provincial funding agencies, my Faculty, Department(s), and School(s) and to media sources the following information about me: my name, my award, my award amount, my Faculty, my academic programs, my CGPA, and information about the criteria used to judge the award (e.g. essay, projects, etc).

**Designated Award Recipient:**

Name: ___________________________ Signature: ___________________________

Email: ___________________________ Student#: ___________________________

**Other Team Members:**

Name: ___________________________ Signature: ___________________________

Email: ___________________________ Student #: ___________________________

Name: ___________________________ Signature: ___________________________

Email: ___________________________ Student#: ___________________________

Name: ___________________________ Signature: ___________________________

Email: ___________________________ Student#: ___________________________

Name: ___________________________ Signature: ___________________________

Email: ___________________________ Student#: ___________________________
TO BE COMPLETED BY THE FUNDING COMMITTEE

Funding Council Recommendation:
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Chair: ___________________ Email: _____________ Signature: ______________

School of Engineering Science Director’s Comments:
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Email: _____________ Signature: ______________

Amount to disburse: $ ______________
Proposal Description

Funding Category

| Competition | Entrepreneurial | Class | Miscellaneous |

Category Justification


### Social and Educational Benefits

### Incurred Costs

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<th>Equipment List (Include brand and model #)</th>
<th>Unit Cost (CAD)</th>
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### Projected Costs

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<tr>
<th>Equipment List (Include brand and model #)</th>
<th>Estimated Unit Cost (CAD)</th>
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**Total Cost (CAD):**

### Cost Justification


### Alternative Sources of Funding Considered


Project Completion