

CIBER Applied Funds Application

AMOUNT REQUESTED:

APPLICATION DATE:

INSTITUTION/CATEGORY:

Technical College or 2-Year UW System College applicants specify institution:

APPLICANT:

Prefix: First Name:

Last Name:

Title:

Department:

Phone:

Address:

Fax:

Email:

City:

State:

ZIP:

Have you been funded previously through a CIBER grant program?

Yes No If Yes, when:

REQUEST NARRATIVE: