

**Junior Science and Humanities Symposium
FY 2017 PROPOSAL COVER SHEET**

Regional Symposium:	
Subgrantee	
Administering institution: _____	
Geographic area served: _____	
Website URL: _____	
Program Director	
Name: _____	Title: _____
Organization: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____ E-Mail: _____
Published contact (Note: Contact info will be published at http://www.jshs.org)	
Name: _____	Title: _____
Organization: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____ E-Mail: _____
Assistant Director	
Name: _____	Title: _____
Organization: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____ E-Mail: _____
Financial Administrator	
Name: _____	Title: _____
Organization: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____ E-Mail: _____
Funding Please complete and return the Regional Financial Statement.	
Is advance funding required? () Yes () No	If so, how much? (50% maximum of total) _____ By what date? _____ Make check payable to (i.e. administering institution): _____
Symposium dates and location	Date(s) of symposium _____ Site for event (include city/state) _____
Symposium attendance	Total # participants: Students (attendees and presenters) _____ Teachers _____ Other _____
Subgrant/Administering Institution – Authorized certifying official	
Name/Title _____	
Telephone _____ Email _____	
Signature: _____ Date: _____	