



GLOBAL EDUCATION NETWORK & INFORMATION EXCHANGE

I: Applicant Information

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Address: _____

II: Education & Training

Institution Name: _____

Institution Address: _____

Field of Study: _____

Degree and Year: _____

III: Proposal Details

Title of Project: _____

Project Summary & Goals:

Please provide description of your proposed project, highlighting the objective of specific goals.

Project Anticipated Start Date: _____

Project Anticipated End Date: _____
Maximum 1 Year

Are you a member of the Jeffrey Modell Centers Network? Yes No



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IV: Funding Support

Total Amount Requested: _____
Maximum \$10,000/USD Year

Are there additional funding sources for this project: Yes No

Source of Additional Income: _____

Additional Income Amount: _____

V: File Attachments

CV: _____ Attach File

Detailed Budget & Justification: _____ Attach File

Letter(s) of Support: _____ Attach File

VI: Applicant Certification and Acceptance

I certify that the statement and all of the above information are accurate and complete to the best of my knowledge. I agree to comply with the terms of the conditions of the award if issued. I am aware that any fraudulent statements or claims may be subject to penalties and immediate dismissal from the Program. I will acknowledge the Jeffrey Modell Foundation in all materials and publications that result from the Program. I agree to all of the above terms by signing this application.

Signature: _____

Date: _____