



SAINT MICHAEL'S COLLEGE
Honors Program, Box 353
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Colchester, Vermont 05439
Telephone: (802) 654-2390
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APPLICATION FOR HONORS PROGRAM CAPSTONE PROJECT FUNDING

Student Name: _____ **Date:** _____

Student I.D. #: _____ **Student Email:** _____

Advisor Name: _____ **Department/Program:** _____

Describe your project below and attach a letter of support from the faculty member who is directing your project:

Detail how the funds will be used (be specific about projected costs, with the understanding that funding will be in the form of reimbursement based on the submission of receipts for expenses):

What other sources of funding have you sought or secured?

Student Signature: _____ **Advisor Signature:** _____

Date Signed