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Faculty Working Group APPLICATION

TITLE OF PROPOSED WORKING GROUP:

GROUP LEADER(S) AND AFFILIATION(S):

PERIOD FOR WHICH FUNDING IS REQUESTED:

[ ]  One semester, beginning (date/year):

[ ]  One year, beginning (date/year):

DESCRIPTION OF GROUP’S FOCUS/PURPOSE AND LIST OF ACTIVITIES PLANNED:

NAMES AND AFFILIATIONS OF CONFIRMED GROUP MEMBERS (Advanced graduate students may participate as members, but may not serve as leaders):

Is this group open to considering additional members? (yes/no):

ANTICIPATED EXPENSES (Types and approximate costs):