

Today's date _____

APPLICATION

Houghton Fund Grants for Students in Their First Two Years of Graduate Study

1. Student's Name _____
Address for sending the student refund _____
Which year are you in MIT grad school? _____
2. Educational Program (Atmospheric Science, etc.) _____
3. Student's e. mail address _____ campus phone# _____
4. Faculty Advisor's Name _____
5. Faculty Advisor's e. mail address _____
6. Faculty Advisor's office phone _____
7. Purpose of requested funding _____
8. Estimated Expenses (Please list items and show total. Do not include any sales tax;
for a Tax Exempt Certificate, see Mary Elliff, 54-1710.)

TOTAL on this form _____

Student's Signature _____

I hereby confirm that the above claim is for legitimate expenses related to the student's PAOC education:

Advisor's name _____

Advisor's signature _____ date _____

Approved for the Houghton Committee _____