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**Department of Education**

**Minority Science and Engineering Improvement Program**

**Research, Education and Financial Literacy EXcellence for Minority-focused Engagement
(REFLEX-ME)**

**Senior Design Enhancement Mini Grants Application Form**

**Submit to Ms. Yi Ren via email (****Yi.Ren@tamuk.edu****)**

***Please Print or Type. Complete all items, if not applicable then please write ‘NA’ in the space.***

**Senior Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Leader/Contact Person**

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

 Race: (Choose one or more response) □ American Indian or Alaskan Native □ Asian

 □ Black or African American □ White

 □ Native Hawaiian or Other Pacific Islander

Gender: □ Male □ Female Disability: □ Hearing □ Visual □ Mobility/Orthopedic

 □ None □ Other \_\_\_\_\_\_\_\_\_\_\_

**Team Member #1**

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

 Race: (Choose one or more response) □ American Indian or Alaskan Native □ Asian

 □ Black or African American □ White

 □ Native Hawaiian or Other Pacific Islander

Gender: □ Male □ Female Disability: □ Hearing □ Visual □ Mobility/Orthopedic

 □ None □ Other \_\_\_\_\_\_\_\_\_\_\_

**Team Member #2**

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

 Race: (Choose one or more response) □ American Indian or Alaskan Native □ Asian

 □ Black or African American □ White

 □ Native Hawaiian or Other Pacific Islander

Gender: □ Male □ Female Disability: □ Hearing □ Visual □ Mobility/Orthopedic

 □ None □ Other \_\_\_\_\_\_\_\_\_\_\_

**Team Member #3**

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

 Race: (Choose one or more response) □ American Indian or Alaskan Native □ Asian

 □ Black or African American □ White

 □ Native Hawaiian or Other Pacific Islander

Gender: □ Male □ Female Disability: □ Hearing □ Visual □ Mobility/Orthopedic

 □ None □ Other \_\_\_\_\_\_\_\_\_\_\_

**Team Member #4**

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

 Race: (Choose one or more response) □ American Indian or Alaskan Native □ Asian

 □ Black or African American □ White

 □ Native Hawaiian or Other Pacific Islander

Gender: □ Male □ Female Disability: □ Hearing □ Visual □ Mobility/Orthopedic

 □ None □ Other \_\_\_\_\_\_\_\_\_\_\_

**Team Member #5**

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

 Race: (Choose one or more response) □ American Indian or Alaskan Native □ Asian

 □ Black or African American □ White

 □ Native Hawaiian or Other Pacific Islander

Gender: □ Male □ Female Disability: □ Hearing □ Visual □ Mobility/Orthopedic

 □ None □ Other \_\_\_\_\_\_\_\_\_\_\_

**Team Member #6**

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

 Race: (Choose one or more response) □ American Indian or Alaskan Native □ Asian

 □ Black or African American □ White

 □ Native Hawaiian or Other Pacific Islander

Gender: □ Male □ Female Disability: □ Hearing □ Visual □ Mobility/Orthopedic

 □ None □ Other \_\_\_\_\_\_\_\_\_\_\_

**Please submit the following documents to complete the application:**

1) This application form (pages 1 and 2 of this document)

2) Budget and Budget justification (next page) that is reviewed and approved by your course instructor

3) One-page statement to describe a) the needs for funding, and b) how the funding will advance knowledge and enhance your senior design experiences in a separate page

**Budget and Budget Justification Form**

1) The total amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Project period covered: □ Fall 2022 □ Spring 2022 □ Other: \_\_\_\_\_\_\_\_\_\_\_

3) Signature of Project Leader/Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

4) Signature of Senior Design instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list itemized budget and budget justification here or attach additional pages/file as needed. The budget may be modified with approval from the REFLEX-ME project management team.**