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ELIGIBILITY

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EVALUATION OF APPLICATIONS

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PUGLIA ENDOWED NEW YORK CITY TRAVEL FUND
COVER PAGE

1. Name of the student: _____

2. Title of the project: _____

3. Department: _____

4. Faculty Advisor: _____

5. Date of submission: _____

6. Signature of student: _____

7. Signature of faculty advisor: _____

8. Title of the project: _____

9. Department: _____

MYERS SCHOOL OF ART AWARDS & GRANTS DISCLOSURE

1. Name of the student: _____

2. Title of the project: _____

3. Department: _____

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6. Signature of student: _____

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8. Title of the project: _____

9. Department: _____

10. Faculty Advisor: _____

DEADLINE: NOON ON THE FRIDAY OF THE EIGHTH WEEK OF THE SEMESTER

LATE SUBMISSIONS WILL NOT BE ACCEPTED FOR ANY REASON.