oday's Date:

APPLICATION for Houghton Fund Grants for Students

. Student's Name:
Address for sending the student refund:
Which year are you in MIT grad School:
2. Educational Program (Atmospheric Science, etc.):
S. Student's e-mail address:Campus Phone#
Faculty Advisor's Name:
5. Faculty Advisor's office phone:
7. Faculty Advisor's e-mail address:
7. Purpose of requested funding:
3. Estimated Expenses (Please list items and show total. Do not include any sales tax; For a Tax
Exempt Certificate, see Christine Maglio, 54-1614.)
Total on this form:
Student's Signature:
hereby confirm that the above claim is for legitimate expenses related to the student's PAOC education:
Advisor's name:
Advisor's signature:
Approved for the Houghton Committee: