2025 AEA Ed Arditte Memorial Community Seed Grant

Required Cover Page

Complete all required fields (\*) and return with your AEA Ed Arditte Memorial Community Seed Grant application.

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| Required Fields | 1. Primary Applicant First Name\*      | 2. Primary Applicant Last Name\*      |
| 3. Primary Applicant Email Address\*      |
| 4. Institution Name\*      | 5. Institution Location\*      |
| 6. Proposal Name\*      |
|  |  |  |
| If Applicable | 7. Mentor First Name      | 8. Mentor Last Name      |
| 7a. Additional Mentor First Name      | 8a. Additional Mentor Last Name      |
| 7b. Additional Mentor First Name      | 8b. Additional Mentor Last Name      |
|  |  |  |
| If Applicable | 9. Co-applicant First Name      | 10. Co-applicant Last Name      |
| 9a. Additional Co-applicant First Name      | 10a. Additional Co-applicant Last Name      |
| 9b. Additional Co-applicant First Name      | 10b. Additional Co-applicant Last Name      |
|  |  |  |
| If Applicable | 11. Additional Contact First Name      | 12. Additional Contact Last Name      |
| 13. Additional Contact Role/Responsibility      | 14. Additional Contact Email Address      |