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.

|  |  |  |
| --- | --- | --- |
| 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 |