

ND HIGHER EDUCATION CHALLENGE FUND APPLICATION NORTH DAKOTA UNIVERSITY SYSTEM SFN 60473 (5-2017)

W-A	WE-					
Date Submitted	Name of College or University					
Name of Contact		Daytime Telephone	e Number	Email Addres	SS	
Name of Project						
Description of Proje	ect					
Briefly explain how this project advances the academic mission of the institution.						
Project is advancing	g academics throug	•				
Research	Scholarships	Technology	Endowed (Chair(s)	Educational Infrastructure	
Total Project Amount		Total Private/Nonprofit Donation				
				T		
		Pledge Amount		Cash Amoun	t	
State Grant Reques		Other Sources (if a	nnlicable)			
State Grant Reques	5 t	Other Godices (ii a	ррпоаыс)			
Please attach app	lication support tem	ıplate.				

I certify that our Institution is compliant with N.D.C.C. §§ 15-10-48 5-10-53 and qualifies for matching funds under the North Dakota Higher Education Challenge Grant Fund program.

3UHVLGHQW RI,QVWLWXWLRQ 6LJQDWXUH 'DWH

Date of Committee Review	
Date Scope Approved	

Submit completed form and all documentation to: mindy.sturn@ndus.edu

Mindy Sturn North Dakota University System 600 E Boulevard Ave, Dept 215 Bismarck, ND 58505-0230 701-328-4129