

**OFFICE OF THE PROVOST**  
**DISABILITY SCHOLARSHIP INITIATIVE**  
Application Cover Sheet

Email the complete application packet to [DisabilityScholarship@umich.edu](mailto:DisabilityScholarship@umich.edu) by **11:59pm ET on October 21, 2024**.

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**Project Title**

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**Name of Primary Proposal Applicant**

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**Role**

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**Office Address (*w/campus zip*)**

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**Dept./Program/School/College**

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**Email Address**

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**Telephone Number**

**Duration of Project:** The period of funding will vary according to the requirements of the project. The funding period cannot begin until January 6, 2025.

Starting Date:

Ending Date:

**Program** (check)

Catalyst: up to \$300,000

Emerging Scholars: up to \$50,000