



ALFRED P. SLOAN FOUNDATION
SLOAN INDIGENOUS GRADUATE PARTNERSHIP
IN MATHEMATICS, SCIENCE AND ENGINEERING
SLOAN SCHOLAR ANNUAL EXPENDITURE FORM

Date of Request _____

Name (First, Middle, Last Name) Social Security Number

Street Address, City, State/Zip Code Check if address has changed

Telephone Email

University Department

Faculty Member Program Start Date

Academic Year of Expenditure Report

SCHOLARSHIP EXPENSE DETAIL

	Amount Requested	Amount Spent	Amount Unspent
Tuition			
Stipend			
Books			
Professional Travel			
Summer Support			
Other			
TOTALS			

Sloan Scholar Name (Print)

Sloan Scholar Signature Date

Once completed and signed, please return this form to your principal AIGP contact for forwarding to NACME.