**Vision Execution Fund Application**

**Student Application**

**Please ensure you have read the terms of reference**

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| Name of Applicant |  |
| Applicant Phone Number |  |
| Applicant Email Address |  |
| Location of Experience |  |
| Proposed Start Date |  |
| Proposed End Date |  |
| Student ID# |  |
| Full Address (City, Province, Postal) |  |

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| 1. **Please indicate with which KPU program you are affiliated.** |
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| 1. **What are your objectives for the International Field Experience?**   ***Make sure your objectives are SMART (Specific, Measureable, Achievable, Realistic & Timely).*** |
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| 1. **Please describe how your Vision Execution project elevates the profile of the Wilson School of Design.** |
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| 1. **Describe, in detail, how Your Vision Execution project impacts the Wilson School of Design’s long term vision to lead in design education and innovation.** |
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| 1. **Describe, in detail, how your Vision Execution project impacts both members of the Wilson School of Design, the design industry, and community.** |
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| 1. **Please describe, in detail, how your Vison Execution project will have a resounding and long term impact on the students in the Wilson School of Design.** |
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| 1. **Please describe, in detail, how your Vision Execution project aligns with the Wilson School of Design’s Academic Plan, KPU’s Academic Plan, and Vision 2018.** |
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| 1. **Indicate if your Vision Execution Project will cross multiple disciplines. If yes, please describe the interdisciplinary nature of the project and resulting benefits.** |
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| 1. **Please use the below space to state why you feel you are a prime candidate for the Vision Execution Fund.** |
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| 1. **Please use this space to detail any additional comments you feel are of relevance for the committee to know in making their decision to fund your application.** |
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| 1. **Please outline your budget including specific resources and itemized expenses.** |
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By signing this document, you acknowledge the submission of this document for the International Field Experience.

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| **DEAN OR ASSOCIATE DEAN** |  | **APPLICANT** |
|  |  |  |
|  |  |  |
| Signature |  | Signature |
|  |  |  |
|  |  |  |
| Print Name |  | Print Name |
|  |  |  |
|  |  |  |
| Date |  | Date |

submission

Email your application to:

[gail.emanuels@kpu.ca](mailto:gail.emanuels@kpu.ca)

Subject Line: Vision Fund “Project Title”

*Note: Make sure to include in your email any letters of support for proposed funding, if applicable.*