

**Mobilize Application Form - Mentor**

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Applicant Name:

Department:

Position:

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Project Title:

Project Start Date:

Project End Date:

Total Amount of OC Mobilize Funding Requested:

Name of Partner:

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Have you received GIA and Applied Research Student RA funding already this year?

YES

NO

Does this project require ethical approval for the use and participation of human subjects?

YES

NO

Does this project use Okanagan College resources, space, or equipment?

YES

NO

*If yes, please explain:*

Does this project involve Indigenous partners or communities?

YES

NO

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*Applicant Approval*

Printed Name:

Signature:

Date:

*Dean/Director Approval*

Printed Name:

Signature:

Date:

*Partner Approval*

Printed Name:

Signature:

Date: