**Fessenden Innovation Prize Application Form**

**SECTION 1: SUMMARY**

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| **Title of your idea or your venture name** |
| Click here to enter text. |
| **Describe your idea in 1-3 phrases (as an “elevator pitch”)** |
| Click here to enter text. |
| **Number of team members, including main applicant (maximum of 5 members allowed)** | **Amount of funding you are requesting** **(max. amount is $5,000)** |
| Click here to enter text. | Click here to enter text. |

**SECTION 2: APPLICANT INFORMATION**

For **team applicants**, each team is required to have one main applicant (“team leader”) who holds the leadership role in the team. Correspondence will be sent to/from the main applicant.

TEAM MEMBER #1 **(MAIN APPLICANT)**

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill ID number** | **Email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty** | **Department** |
| Click here to enter text. | Click here to enter text. |
| **Program of study (if applicable)** | **Status (Undergrad; Masters, PhD, PDF, Faculty, Staff)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone number** | **Expected date of graduation (if applicable)** |
| Click here to enter text. | Click here to enter text. |

TEAM MEMBER #2

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill ID number (if applicable)** | **Email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty (if applicable)** | **Department (if applicable)** |
| Click here to enter text. | Click here to enter text. |
| **Program of study (if applicable)** | **Status (Undergrad; Masters, PhD, PDF, Faculty, Staff, Alumni, Other)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone number** | **Expected date of graduation (if applicable)** |
| Click here to enter text. | Click here to enter text. |

TEAM MEMBER #3

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill ID number (if applicable)** | **Email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty (if applicable)** | **Department (if applicable)** |
| Click here to enter text. | Click here to enter text. |
| **Program of study (if applicable)** | **Status (Undergrad; Masters, PhD, PDF, Faculty Staff, Alumni, Other)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone number** | **Expected date of graduation (if applicable)** |
| Click here to enter text. | Click here to enter text. |

TEAM MEMBER #4

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill ID number (if applicable)** | **Email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty (if applicable)** | **Department (if applicable)** |
| Click here to enter text. | Click here to enter text. |
| **Program of study (if applicable)** | **Status (Undergrad; Masters, PhD, PDF, Faculty, Staff, Alumni, Other** |
| Click here to enter text. | Click here to enter text. |
| **Telephone number** | **Expected date of graduation (if applicable)** |
| Click here to enter text. | Click here to enter text. |

TEAM MEMBER #5

|  |  |
| --- | --- |
| **Last name** | **First name** |
| Click here to enter text. | Click here to enter text. |
| **McGill ID number (if applicable)** | **Email address** |
| Click here to enter text. | Click here to enter text. |
| **Faculty (if applicable)** | **Department (if applicable)** |
| Click here to enter text. | Click here to enter text. |
| **Program of study (if applicable)** | **Status (Undergrad; Masters, PhD, PDF, Faculty, Staff, Alumni, Other)** |
| Click here to enter text. | Click here to enter text. |
| **Telephone number** | **Expected date of graduation (if applicable)** |
| Click here to enter text. | Click here to enter text. |

**SECTION 3: IDEA PROPOSITION**

4 pages max. All questions should be answered. Not all answers have to be the same length.

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| **Describe the problem your idea intends to solve.** |
| Click here to enter text. |

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| **Describe the idea you are developing to solve the problem.** |
| Click here to enter text. |

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| **Who would be the anticipated users/customers/beneficiaries?** |
| Click here to enter text. |

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| **Why is your idea innovative, and what impact can it create?** |
| Click here to enter text. |

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| **What are the main risks that can affect your idea, and what will you do to try to mitigate these risks?**  |
| Click here to enter text. |

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| **Describe your / your team’s expertise and the skills you/and they hold that will make the idea grow. Include the names of mentors and advisors, if applicable.** |
| Click here to enter text. |

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| **Outline the milestones, and activities you will perform under each milestone in order for your idea to reach its next level.** |
| Click here to enter text. |

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| **Provide a budget and justify each expense for the amount of funding you are requesting.** |
| Click here to enter text. |

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| **Have you or your team applied for and/or received other funding to develop your idea? If yes, specify the funding source and amount requested/awarded.** |
| Click here to enter text. |

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| **Describe relevant achievements your idea has made to date, if any.** |
| Click here to enter text. |

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| **How much of your time / team’s time do you foresee being invested to develop your idea?** |
| Click here to enter text. |

REMEBER: Section (3) must not exceed 4 pages.

**SECTION 4: SIGNATURES**

The signature page must accompany the application form. Only members whose names appear in Section 2 and Section 4 will be considered members of the team.

**TEAM MEMBER #1 (MAIN APPLICANT)**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |
| Last name |  | First name |
|  |  | Click or tap to enter a date. |
| Signature |  | Date |

**TEAM MEMBER #2 (if applicable)**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |
| Last name |  | First name |
|  |  | Click or tap to enter a date. |
| Signature |  | Date |

**TEAM MEMBER #3 (if applicable)**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |
| Last name |  | First name |
|  |  | Click or tap to enter a date. |
| Signature |  | Date |

**TEAM MEMBER #4 (if applicable)**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |
| Last name |  | First name |
|  |  | Click or tap to enter a date. |
| Signature |  | Date |

**TEAM MEMBER #5 (if applicable)**

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |
| Last name |  | First name |
|  |  | Click or tap to enter a date. |
| Signature |  | Date |