**VPRP Graduate Stipend Gap Funding Program**

**(max. 1 page)**

**Faculty PI (name):**

**Department/College affiliation:**

**Statement of Need (1 paragraph):**

**What steps have you taken or plan to take to accommodate the stipend increase?**

**(e.g., Can you rebudget? Can you revise GRA appointment(s)? Can you use SRI?)**