

Competitive Research Grant Application

Applicant's Information:

- (i) Complete this form with abstract of your proposal, and have your advisor sign it along with yours.
- (ii) Develop your proposal following the guidelines.
- (iii) Submit original plus two hard copies and a word-file disk of your complete proposal with this form.

1. Name _____

Mailing Address _____

City _____ State _____ Zip _____

Permanent Address (if different from above) _____

Telephone#'s: Hm. _____ Wk. _____

E-mail _____ Fax _____

University _____

Department _____

2. Proposal Title: _____

Indicate: ABD Non-ABD. If non-ABD, #of years in the Ph.D Program

3. Abstract:

Applicant's Signature

Thesis Advisor's Signature

Name