

Office Use Only

Date Recd. _____

Amt. Recd. _____

Req. No. _____

APPLICATION FOR CHAPTER 606 RESEARCH FUNDING

Please submit application with signatures. Submit application no later than (7) days prior to the meeting.

Name: _____

Date: _____

Campus Mailing Address: _____

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___ Other ___

List Any Other Previous Degrees or Certificates Held:

Faculty Research Advisor: _____

Faculty Phone: _____

Date That Project Will Begin: _____

Anticipated Date of Completion: _____

Amount of Funds Needed for Project: _____

Amount of Funds Requested from Chapter 606: _____

Total Amount of Funds Available from Other Sources: _____

Itemized Projection of Total Expenditures: _____

Itemized Projection of Expenditure of Chapter 606 Funds: _____

Detailed Description of Proposed Project: _____

How Do You Intend to Publish Your Conclusions? _____

We agree that:

1. Any funds allotted will be used solely for the purpose stated.
2. You will be responsible for filing a "Conclusion of Research Report" with the committee following the event or purchase, and
3. Everything stated above is true.

Faculty Advisor

Student

(Original signatures are required)

ATTACH ANY ADDITIONAL INFORMATION