School Research Enhancement Funds

Cover Page

Application: (Please check one) ☐ Individual ☐ Group

Date: _____ For the Period: _____ To: _____

Name of Principal Applicant: _____

Name of Co-Applicant(s): _____

Title or Subject of Proposal:

☐ Recommended Approval for $_____ ☐ Denied

Committee Representative Signature: _____ Date: _____

☐ Approved for $_____ ☐ Denied

Director's Signature: _____ Date: _____

APPLICATION FOR RESEARCH FUNDING
(Please Type)

1. Title or Subject of Proposal: _____

2. Proposed Period of Project: From: _____ To: _____

3. What is the value of the project to the individual faculty member(s), school faculty or the students?

4. Describe the proposed project. Include a description of planned activities and the outcomes expected from them (you may include an attachment).

5. References (if appropriate): _____

6. Proposed work schedule: Be specific, including how much time you expect to spend daily working on the project. Give an approximate completion date.

7. **Budget:** Itemize specifically. Do not inflate your figures beyond what you actually expect the cost to be.

   Requested: _____

   A. Wages for Applicant(s): _____

      Wages for Student Assistant(s): _____

      Other: _____

   B. Equipment: _____

   C. Expendable Supplies: _____

   D. Travel: _____

   E. Other Expenses: _____

   F. Total: _____