CARNEGIE GRANT APPLICATION

(IMPORTANT: Master's students may apply ONCE
for up to $100 for expenses associated with their master's paper.)

Name: _____Date: _____
Social Security #: _____Hours completed in program: _____
Address: _____
City, State, Zip:_____
E-Mail: _____

Brief description of the research:

Purpose(s) for which grant is to be used:

Proposed Budget

Travel (describe) _____$_____
Supplies/survey production_____$_____
Postage _____$_____
Subject compensation_____$_____
Other (explain) _____$_____

Total Requested_____ **$**_____

I understand and accept the terms and conditions set forth in the Carnegie Research Fund regulations.

Signature _____
(Applicant)

To be completed by advisor:

Overall rating of research project:

Not particularly worthy		Average		Outstanding
1	2	3	4	5

Comments:

Approved _____ (Research Advisor) Date _____

Approved _____(Dean)