



Ruth and Clarence Mader
Memorial Scholarship Fund

Research Grant Application

Contact Information

Name: _____

Address: _____

Phone: _____ Email: _____

Amount being requested (up to \$1250): _____

Please provide an estimate of the expenses related to your project:

Description	Cost

On a separate page, please provide the following information:

- 1) Describe your research project. Please include details regarding:
 - a) The purpose or goal of the project;
 - b) Any parts of the project that are already completed or in currently in progress;
 - c) Your plan for conducting the research;
 - d) An estimate of when your project will be completed.
- 2) How will the results of this research project be shared with the organ community? Please describe any plans for publication, recording, or other forms of distribution.
- 3) Describe any training or experience that you have that relates to your ability to complete this research project.
- 4) Have you applied for or received any other funding for this project? If so, please list the organization to which you have applied and the amounts awarded or requested.
- 5) *Optional:* Attach your current cv or resume to your application

Send completed application in PDF format to bach.amigo@yahoo.com

Applications must be received by April 30, 2025

Questions about the grant program may be directed to
James Walker (Chair, Research Grant Committee) at bach.amigo@yahoo.com