



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:

<i>Description</i>	<i>Cost</i>

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 maderfundgrants@gmail.com

Questions about the grant program may be directed to
Dr. Edmond Johnson (Chair, Research Grant Committee) at edmondjohnson@oxy.edu