



Ruth and Clarence Mader Memorial Scholarship Fund

# Research Grant Application

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount being requested (up to \$1000): \_\_\_\_\_

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

| <i>Description</i> | <i>Cost</i> |
|--------------------|-------------|
|                    |             |
|                    |             |
|                    |             |
|                    |             |
|                    |             |
|                    |             |

**In a separate document, please provide the following information:**

- 1) Describe your research project, including details regarding:
  - a) The purpose or goal of the project
  - b) Any parts of the project that are already completed or are currently in progress
  - c) Your plan for conducting the research
  - d) An estimate of when your project will be complete
- 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, experience, etc. that relates to your ability to complete this research project.
- 4) Have you applied for and/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](mailto:maderfundgrants@gmail.com)

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