

The Catholic University of America  
Washington, D.C.

Date: \_\_\_\_\_

**Application for Research Grant-in-Aid**

*(Please submit **two** original copies)*

Applicant Name: \_\_\_\_\_ Faculty Rank: \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_

***Please Note:*** Only faculty members appointed as tenure-track are eligible for Grant-in-Aid awards.

Title of Proposed Research:

Identify title, year, amount received, and date that your final report was submitted to the Vice Provost and Dean of Graduate Studies for all prior Grants-in-Aid:

***Please note: University policy requires that any outstanding Grant-in-Aid reports must be submitted to the Office of the Vice Provost and Dean of Graduate Studies before new applications from the same faculty member are considered.***

Relation of this grant to outside funding:

*(Please continue to next page)*

## Proposed Research Grant-in-Aid Budget Summary

		<u>Estimated Amount</u>
<u>Student research assistant:</u>		_____
Undergraduate	Graduate	
<u>Travel:</u>		_____
International	Domestic	
Publication expenses:		_____
Duplicating expenses:		_____
Instruments and equipment:		_____
Other expenses (please list):		_____
<b>Total:</b>		_____

### Research Description (Abstract)

Please include below a brief description (300 words maximum) of the proposed research project, identifying what you intend to achieve through the research, and justification for the nature of the support being requested.

In addition, please attach to this application a more detailed explanation (1 to 3 pages in length) of the proposed research project, including a detailed explanation of the estimated budget and the duties of any graduate or research assistants involved with the project.

### Research Productivity

Please attach to this application 1 to 3 pages (maximum) showing your *recent scholarly output*, listing publications, projects, and grant activities from the last three years which is relevant to this application.

### Final Submission

Please submit this form and all attachments to the Office of the Vice Provost and Dean of Graduate Studies, 116 McMahon Hall.

**SIGNATURE OF APPLICANT:**

**DATE:**

#### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Disposition: Grant Approved  Amount \$ \_\_\_\_\_ Grant Denied

Date Grant Approved: \_\_\_\_\_ Date of Final Report: \_\_\_\_\_

\_\_\_\_\_  
Vice Provost and Dean of Graduate Studies

\_\_\_\_\_  
Date