

2017 Northland ACSM Innovative Student Research Grant- new

PI information

Name: _____ Current NACSM member yes: ___ no: ___

Address: _____

City: _____ State: _____ Zip: _____

e-mail: _____ Phone: _____

Institution: _____ Department: _____

Mentor information

Name: _____ Current NACSM member yes: ___ no: ___

Title: _____ Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail: _____ Phone: _____

Co-Investigators

Name: _____ Current NACSM member yes: ___ no: ___

Title: _____ e-mail: _____

Name: _____ Current NACSM member yes: ___ no: ___

Title: _____ e-mail: _____

Project Information

Project Title: _____

Total Project Budget: _____ Project Duration (cannot exceed 9 months): _____

Amount Requested (not to exceed \$1000): _____

Contact Information for person setting up the funding account

Name: _____

Title: _____ Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Authorization (required to demonstrate knowledge of and support for the proposed project. Signature of the Student Mentor certifies that the proposal was written by the student)

Signature of Department Head

Date

Signature of Student Mentor

Date