

LMCA Operational Research Award

Cover Pages

Applicant Name _____

Project Title _____

Status Checklist (check appropriate box)

Graduate Student (M.S.)

Graduate Student (Ph.D.)

Post-Doctoral

Faculty

Applicant Contact Information

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Fax** _____

Email _____

Sponsoring Institution/Organization/University

Abstract (100 words or less)

Major Professor/Faculty Advisor Information (if applicable)

Name _____

Department _____

University _____

Phone _____

Fax _____

E-Mail _____

Name and Contact Information of Person Authorized to Sign for the Institution

Name _____

Title _____

Address _____

Phone _____

Fax _____

E-Mail _____

Amount of request from LMCA \$ _____

Supporting Institution Authorized Signature (mandatory)

Signature

Printed Name

Date _____