

LMCA Research Fund Cover Pages

Applicant Name:

Project Title:

Status Checklist (circle all that apply):

- 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 for hard copy)

Date _____