

LMCA Operational Research Fund (ORF)

Cover Pages (1 of 2)

Date: _____

Applicant Name: _____

Project Title: _____

Status (please circle/mark as appropriate) Graduate Student (M.S.)
Graduate Student (Ph.D.) Post-Doctoral Student Faculty Other

*If you previously received a LMCA ORF award, state the year funded _____
and the year your final report was presented to LMCA _____.

Applicant Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _(_____) _____ Fax: _(_____) _____

Email: _____

Sponsoring Institution/Organization/University: _____

Abstract:

Major Professor/Faculty Advisor Information (if applicable):

Name: _____

Department: _____

University: _____

Phone: _(_____)_____ Fax: _(_____)_____

Email: _____

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

Name: _____

Title: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _(_____)_____ Fax: _(_____)_____

Email: _____

Amount of request from LMCA: \$ _____

Supporting Institution Authorized Signature (mandatory)

Signature

Printed Name

Date