



Graduate Research and Presentation Grant

Name: SU ID:

Current Address:

Permanent Address:

Telephone: E-mail:

Graduate Program:

Project Title:

Purpose of Travel:

Project Begin Date: End Date:

Total RAP Funds Requested: How Many Times Have You Been Awarded This Grant? 0 1 2

Has this project been reviewed by IRB or IACUC? Yes No Protocol Number: _____

List Other Sources to which You Have Applied:

| Sources: | Amount Requested: | Amount Granted: |
|----------|-------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Student Signature: _____ Date: _____

I have reviewed this proposal and agree to serve as Faculty Advisor on this project:

Advisor Name: _____ Signature: _____ Date: _____

Please send typed original proposal, application, and itemized budget to:
RAP Selection Committee, c/o Jessica Scott, Graduate School
Holloway Hall Room 267, jlscott@salisbury.edu