

This Application must be submitted At Least 1 WEEK prior to any expenses being incurred

**UNIVERSITY OF MARYLAND BALTIMORE COUNTY
GRADUATE STUDENT ASSOCIATION**

Research Grant Application

Name: _____ Date: _____

Social Security: _____

Home Address: _____

Home Phone: _____

Department: _____ Campus Phone: _____

Campus Address: _____ Email: _____

Have you ever applied for other GSA funds? Y N

List the Semester and Amount(s) of funds you have received: _____

Anticipated Date of Graduation: _____

**The following must be
included for approval:**

1. 1 Week Deadline _____
2. Application: _____
3. Transcripts: _____
4. Explanation of Goals _____

I. Please attach a one-page abstract of the goals you plan to accomplish with the GSA funding.

Be sure to include the following:

- A. Level of research (Masters or Doctoral)
- B. Description of research (impact on thesis or dissertation)
- C. Expenses necessary to conduct research. Please list all expenses that you plan to get reimbursed for and highlight/underline the expense section in the abstract.
- D. Itemized approximations of your expenses and how you would distribute approved research funds.

II. What is the estimated total of your funding needs? \$ _____

I have read and agree to all the policies and procedures as explained in the GSA Travel & Research Grants: Policies & Procedures. I am also aware that upon acceptance of this grant, I will be required to provide one (1) hour of community service to GSA, my department or the Graduate School.

Student's Signature Date

Advisor's Signature Date