



## 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, Office of Graduate Studies**  
**Holloway Hall Room 267, jlscott@salisbury.edu**