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| **Application for UDARF Research Fund Grant**  ***Send to UDARF Vice-President for review by the UDARF Research Committee*** | | |
| **Your name:** | |  |
| **Your email address:** | |  |
| **Your academic field:** | |  |
| **The amount requested ($750 limit):** | | $ |
|  | | |
| **Purpose of funding (limit of 200 words). Provide:** | | |
| **EITHER**  **a.** the name and description of the research project: |  | |
| **OR**  **b.** Title of academic paper and name and date of conference where paper is to be given: |  | |
| **Describe in detail for what the funds are requested:** |  | |