

UNIVERSITY RESEARCH COUNCIL OFFICE OF GRANTS AND RESEARCH SERVICES

2024 APPLICATION FORM

APPLICATION CATEGORY:	COLLABORATIVE PROPOSAL:
Summer Stipend Research Grant	Yes No
FACULTY INFORMATION:	
Name	Email Address .
Academic Rank	Phone Number .
College/School	Dept./Division
Highest Degree Attained	Date Degree Attained
Date of SHU full-time employment	Employee ID#
Faculty Status: Tenure-track Tenured Research-Responsible Contract Submission Status: Have received prior URC award Have not received prior URC award Proposed project represents new research area from prior award	
PROJECT INFORMATION:	
Title of Project:	
Project Period: From To	
Project Location:	
Amount Requested: \$	
Field of Study:	
Applications must be received in the Office of Grants and Research Services by Monday, February 26, 2024, at Noon, via the	
following email address: grantsoffice@shu.edu . No proposals will be accepted after the closing date. Failure to include any of the information requested in the URC Guidelines may result in the rejection of the proposal without review.	

Approved Date:

Approved Amount: