

Cover sheet
Roger Ruth Memorial Fund Student Research Grant

APPLICATION FOR ROGER RUTH MEMORIAL FUND STUDENT RESEARCH GRANT

Application is made to the Communication Sciences and Disorders Department, James Madison University for a grant in the amount and for the period stated, for the purpose of conducting auditory and/or vestibular research.

TITLE OF RESEARCH:

AMOUNT REQUESTED: \$ for period through _____
(\$1,000 maximum)

PRINCIPAL INVESTIGATOR

Name and Title: _____

Email: _____

Telephone #: _____

MENTOR

Name and Title: _____

Email: _____

Telephone #: _____

AGREEMENT: I, the undersigned, understand and agree that any funds received as a result of this application shall be expended for the stated purposes.

Signature of Principal Investigator: _____

Date: _____

Signature of Mentor: _____

Date: _____

Title: _____