

|  |
| --- |
| **Graduate Research Awards Fund Faculty of Social Science Internal Grants Competition** |

**Application Form**

1. Completed “paperless” .pdf applications are appreciated but not required.
2. Completed, signed applications are **submitted** to the **Department** by the third **Monday** in **March.**
3. Departments forward their set of **ranked applications** to the Dean’s Office for adjudication by the first **Friday** in **April**.
4. Expenses should be incurred between **May 1,** of the application year and **April 30,** of the following year and all claims submitted by **April 30,** of the following year unless a special request is made to the Dean’s Office.

**Require Assistance?**

|  |
| --- |
| Please contact Elizabeth Hayden, Associate Dean of Graduate Studies in the Faculty of Social Science: [ehayden@uwo.ca](mailto:ehayden@uwo.ca) |

**Applicant Profile:**

**Name:**

**Student Number:**

**Email:**

**Telephone:**

**Department:**

**MA/MSc** **PhD**

**Building and Room number:**

**Supervisors’ Name:**

**Summary:**

**Project title:**

**Amount Requested:** $

(round to nearest dollar)

(note – the maximum amount for any single award is $750.00)

**Signatures and Comments:**

**Applicant’s Signature**

The information I have provided is, to the best of my knowledge, complete and accurate.

**Signature of Applicant Date**

**supervisor’s Signature**

I certify that the applicant is registered as a full-time graduate student at The University of Western Ontario: 1) at the time of application, and 2) will be one subsequent to taking up any award and while engaged in the thesis/dissertation research for which these funds are requested.

**Please complete the supervisor’s statement at the end of the application.**

**Signature of Supervisor Date**

**Please clearly PRINT Name of Supervisor**

**Chair’s Signature**

**Signature, Department Chair Date**

**Please clearly PRINT Name of Department Chair**

**Applicant Eligibility: (to be completed by graduate student)**

**Are you registered as a Full-Time student? ­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Registration:**

**Date of Departmental approval of research proposal:**

**Expected Convocation date:**

**Scholarships/Assistantships held in current year (please list):**

**Have you previously held the Graduate Research Awards Fund (GRAF) or the Graduate Thesis Research Award (GTRA)?**

**Other awards, research grants or contracts which support this project (please list):**

**Do any of these awards include an allowance for research expenses? (If yes, provide amount and a brief explanation why the requested expenses are not covered in this amount):**

**Thesis Research Information: (to be completed by graduate student)**

**Tentative Research Project Title:**

**Subject Area of Research**

**Keywords (6 Max.)**:

**Research Proposal**

|  |
| --- |
| Describe the proposed research to be funded by this grant. A statement of the research objectives, method of investigation, and potential results should be included.  **Maximum length: 1 page, double-spaced typescript, 12pt font minimum, Arial, Verdana or other sans serif font, ¾” margins. Applications exceeding the maximum length may not be reviewed. You may attach the proposal as a separate page behind this one.** |

**REFERENCE LIST**

Please provide a few key references for background information. The references cited in this section should be current and clearly relevant to the proposed thesis/dissertation research and should not exceed one (1) page.

**Assurances & Approvals: (to be completed by graduate student)**

|  |
| --- |
| All research proposals involving human and/or animal subjects, biohazardous or radioactive materials must be approved by a Western ethics, animal-care, or biohazards/radioactive review committee.  **Indicate with an X on the chart below the current status of the approvals required for this proposal.**  If approval has already been granted, an electronic copy of the approval notice must accompany this application. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STATUS** | | | | | | | | |
| HUMAN SUBJECTS ETHICS APPROVAL | No human subjects |  | Approval  granted |  | Pending |  | To be sought |  |
| Authorization #: | |
| ANIMAL SUBJECTS APPROVAL | No animal subjects |  | Approval  granted |  | Pending |  | To be sought |  |
| Authorization #: | |
| BIOHAZARDOUS MATERIALS CLEARANCE | No biohazardous materials |  | Approval  granted |  | Pending |  | To be sought |  |
| Authorization #: | |
| RADIOACTIVE MATERIALS CLEARANCE | No radioactive materials |  | Approval  granted |  | Pending |  | To be sought |  |
| Authorization #: | |

**Conference Travel Information (to be completed by graduate student):**

**FILL OUT ONLY IF APPLICABLE – conferences are the lowest priority for this award**

|  |  |
| --- | --- |
| **Conference Information** | |
| Name of Conference: |  |
| Dates of Conference (From – To): |  |
| Sponsoring Organization: |  |
| Location of Conference (City and Country): |  |
| Conference Topics/Session Titles of Interest: |  |
| **Will you be submitting a paper?** | |
| Title of Paper: |  |
| Keywords (max 6): |  |
| Abstract: | |
| **What is the benefit to you of attending this conference?** | |
|  | |

**BUDGET and JUSTIFICATION: (to be completed by graduate student)**

All funds must be spent in a specific time window – see page 1 of this form for details

|  |  |  |
| --- | --- | --- |
| **Proposed Budget** | | |
| ***Description*** | ***Details***  (# items, unit cost, etc) | ***$ Cost*** |
| Equipment/Supplies |  |  |
| Service |  |  |
| Travel and Subsistence |  |  |
| Other |  |  |
| **Total** | |  |

Refer to **Program Specific Guidelines** for expense eligibility.

**BUDGET JUSTIFICATION**

An adequate budget justification is required. To avoid arbitrary decisions on the appropriate level of funding, detailed explanations of costs must be provided.

If your budget is substantially more than $750, explain what other sources of funding you will use to make up the shortfall.

**Supervisor Information: (to be completed by supervisor only)**

**Supervisor Name:**

**Email:**

**Telephone:**

**Department:**

**Building and Room number:**

|  |
| --- |
| **Please keep comments to a one page maximum.**   1. Comment on the progress the student has made to date toward the degree requirements and explain the importance of the proposed use of the funds to the completion of the thesis work. 2. The purpose of this program is to assist graduate students with exceptional costs essential to the conduct of their research beyond the means of the student and supervisor. Although the quality of the proposal is the primary criterion for recommending an award, under severe budgetary constraints, the need for funding becomes an important consideration. Please comment on funding available to the student through your current research grants or contracts and elaborate on the necessity for the Graduate Research Awards Funding. |

**SUPERVISOR’S STATEMENT**