

ROOSEVELT

INSTITUTE

Research Grant Application Cover Sheet

Name: _____

Street: _____ City: _____ State: _____ Zip Code: _____

E-Mail: _____

Names of three references (with appropriate affiliations):

1. _____

2. _____

3. _____

Education

Graduate:

Institution, Degree, Date: _____

Undergraduate:

Institution, Degree, Date: _____

Other Degrees: _____

Current Academic or Other Affiliation: _____

Total Amount Requested: _____ Research Days at FDR Library: _____

Project Title: _____

Project Type (e.g. book, dissertation, article): _____

Abstract:

Signature: _____

_____ Date: _____