

# 2019 Northland ACSM Innovative Student Research Grant

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## PI information

Name: \_\_\_\_\_ Current NACSM member yes: \_\_\_ no: \_\_\_  
membership # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

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## Mentor information

Name: \_\_\_\_\_ Current NACSM member yes: \_\_\_ no: \_\_\_  
membership # \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Co-Investigators

Name: \_\_\_\_\_ Current NACSM member yes: \_\_\_ no: \_\_\_  
membership # \_\_\_\_\_

Title: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Current NACSM member yes: \_\_\_ no: \_\_\_

Title: \_\_\_\_\_ e-mail: \_\_\_\_\_

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## Project Information

Project Title: \_\_\_\_\_

Total Project Budget: \_\_\_\_\_ Project Duration (cannot exceed 9 months): \_\_\_\_\_

Amount Requested (not to exceed \$1000): \_\_\_\_\_

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## Contact Information for person setting up the funding account

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

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**Authorization (required to demonstrate knowledge of and support for the proposed project.  
Signature of the Student Mentor certifies that the proposal was written by the student)**

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student Mentor

\_\_\_\_\_  
Date