

PSSC Research Award Program

APPLICATION FORM

I. Personal Data

Applicant's Name	Gender
Date of Birth	Place of Birth
Home Address	Contact no/s. Email:
(If working): Current Position/Employment Office Name and Address	Contact no/s.

II. Information on Thesis/Dissertation Proposal

Title of thesis/dissertation proposal
Degree program (State specific course/discipline) [<input type="checkbox"/>] MA/MS Program in _____ [<input type="checkbox"/>] PhD Program in _____
Name of College and University
Name of thesis/dissertation adviser and committee members
Date of thesis/dissertation proposal defense and approval
Expected date of completion of thesis/dissertation

III. Ethical considerations

Does your study involve human participants?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your proposal undergone an ethics review and has been granted ethics clearance?	
<input type="checkbox"/> Yes (attached a copy of the certificate) <input type="checkbox"/> No	
If your proposal does not have ethics clearance, please explain briefly the measures you intend to undertake to protect and/or reduce the risks to research participants and the community under study. <i>(Attach additional pages if necessary.)</i>	

IV. Research activities to be undertaken by the applicant during the grant period and estimated expenditures per activity.

(Expenditures for supplies, travel, communication, photocopying, thesis production, etc., are to be incorporated into the budget for a given activity.)

Activity	Estimated Expenses	Amount Requested from Other Sources	Amount Requested from PSSC
Total			

* For those requesting assistance from other sources, please indicate status of request:

Funding Institution	Requested Amount	Status of Request
Total		