

# 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 <span style="margin-left: 200px;"><input type="checkbox"/> No</span>
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		