



Office of Research
Suite 344 Gzowski College – Symons Campus
Peterborough, Ontario, Canada K9J 7B8
705.748.1011 x7245

**Sub-Committee on University
Aid to Research in the Arts
Application Form**

Researcher Name: _____ Date: _____
Department/Program: _____ Office Location: _____
Phone: _____ Email: _____

Title of Research Project:

Sum Requested: _____

General Research Objectives:*

Brief Plan of Proposed Research:*

*Please bear in mind that the members of the committee may not be familiar with your discipline

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Please describe how the project described here related to research in your discipline, to your personal research projects, to your Department's or Program's activities:

Please describe what other support you are receiving or have applied for in your research at this time.

Please give a detailed cost estimate: (under \$1000)

Please attach a relevant list of publications (or CV) and a report on previous grants (unless already submitted). If you are attaching additional documentation, please list here.

Signature of Applicant

Date

Signature of Chair

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