

**RESEARCH ASSISTANCE GRANTS PROPOSAL**  
**(Please submit original plus 6 copies)**

Name of Faculty Member

Name of Student: (if known):

Department:

Title of Project:

Grant Period:

Amount Requested:

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**PROJECT DESCRIPTION (Ordinarily 500 words or less):**

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**BUDGET**

(include a justification for each item)

Item	Estimated Costs
Number of Hours @ \$7.25/hour	
Other expenses	
Total	