

Alumni Grants for Graduate Research and Scholarship

Deadline for autumn 2015 applications: Monday, March 14, 2016, 5 p.m.

Submit applications to:

Graduate School, Attn. Ben Reder
250 University Hall, 230 North Oval Mall or reder.18@osu.edu

Please consult the [AGGRS general information](#) document before completing this application to ensure that you have included all of the 5 required elements. Applications that do not conform to the specifications will not be considered.

I. Applicant Information

If awarded an AGGRS grant, you must be enrolled each semester covered by the funding period.

Please indicate your understanding with an X here.

Name

Address City State Zip

Ohio State I.D. number Ohio State name.# email Phone number

Degree sought Department Expected graduation date

Candidacy examination: date passed Date to be taken

Note: no award funds will be disbursed until recipient has passed candidacy.

Title of dissertation or MFA Project:

Advisor Advisor department

Advisor's address

Advisor's phone number Advisor email

Graduate program fiscal officer Fiscal officer email Fiscal officer phone

II. Institutional Board Reviews

A. Human Subjects: Research with human subjects must be reviewed and approved or exempted by the Human Subjects Committee of the Institutional Review Board. **You must provide an IRB protocol number before you can receive funds from this grant.**

- Does this project involve the use of human subjects in any way (including survey documents, interviews, questionnaires, use of humans or human tissue, inspection of records, etc.)? Yes No

If yes, provide protocol number _____ and date of approval _____

or exemption _____ If pending, indicate date approval is expected _____

B. Laboratory Animals: Applicants must comply with applicable regulations and be approved by the Institutional Animal Care and Use Committee. **You must provide an IRB protocol number before you can receive funds from this grant.**

- Does your project involve the use of vertebrate laboratory animals in any way? Yes No

If yes, provide protocol number _____ and date of approval _____

If pending, indicate date approval is expected _____

III. Abstract

Provide an abstract of **no more than 250 words** of your proposal. The abstract should briefly describe the topic, problem, methodology, expected results, or significance.



IV. Funding request

A. Eligibility

In order to qualify for AGGRS funds, you must have no other means of support for the aspect of your project for which you are requesting funding. Is your project part of a research project that is funded from another source?

Yes No

Have you previously received an AGGRS?

Yes No

B. Justification of budget

Explain why the requested items are necessary to the research. (250 words maximum)

C. Budget details

Provide budget details in the following chart. Please refer the [AGGRS general information](#) document for allowable items.

Consumable materials - List specific materials you need covered by this grant.

Item	Quantity	Unit cost	Estimated cost	App'd	Denied
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Materials subtotal \$ _____

Travel

Use estimates for airfare costs. Limits: \$30/day, food; \$60/night, lodging; \$.35/mile, personal car

Destination	Airfare	Lodging	Per Diem	Other*	App'd	Denied
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other travel costs include taxi, bus, rental car, parking, or related travel expenses.

Travel subtotal \$ _____

Other costs

Include costs that do not fall under consumable materials or travel. Other costs include payment to human subjects, photocopy costs, instrument use fees, etc.

Item	Quantity	Unit cost	Estimated cost	App'd	Denied
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other costs subtotal \$ _____

Total request \$ _____

(Sum of 3 subtotals not to exceed \$2000)

V. Project Description

In five or fewer double-spaced pages, including relevant data, references and/or bibliography, provide a description of your project. Your project description must be written to be understood by an interested lay person and must include the following five sections:

1. Hypotheses and/or objectives.
2. Significance to the field
3. Methodology and rationale for that methodology
4. Expected outcomes
5. Timetable for project and explanation for how this timetable fits into your timetable for graduation

VI. Signatures

Applicant signature

Date

Graduate Studies Committee Chair signature

Date

We, the undersigned, support this application because no other funds are available for this project from grants, the department, the faculty advisor, departmental development funds, or other sources and that the work for which funds are requested is required for the completion of the dissertation or thesis.

Advisor/Dissertation committee chair signature

Date

Department chair signature

Date

