



Student Research Grant

APPLICANT INFORMATION	
Applicant Full Name:	Phone:
Email:	Address:
Affiliated Institution of Higher Learning (Sponsoring Organization):	
Degree Pursued: <input type="checkbox"/> Masters or <input type="checkbox"/> Ph.D.	Faculty Member Supervising this research project:
Provide a brief summary of your proposed project:	
Notes:	

BUDGET WORKSHEET		
Budget Item(s):	Total Estimated Cost:	Amount Requested from the Hoosier Lottery Grant:
Totals:		
Notes:		

Please attach any supporting documents that will help us evaluate your project and proposal.

I hereby certify that the information provided is complete and accurate to the best of my knowledge.

Applicant Signature _____ Date _____

Supervising Faculty Signature _____

Please email an electronic copy of this application and supporting materials to effectivephilanthropy@cicf.org

You may also mail physical copies of this application and supporting materials to:

Nora Dietz-Kilen, Effective Philanthropic Advisor
 Central Indiana Community Foundation
 615 North Alabama Street • Suite 300
 Indianapolis, IN 46204
noradk@cicf.org

