



APPLICATION FOR AATCC FOUNDATION STUDENT RESEARCH SUPPORT

Name	Faculty Advisor
Department and institution	
Title of research project	
Brief abstract of research project	
Type of project (undergraduate project, M.S. thesis, Ph.D. dissertation, or other)	Starting date
	Project duration
Budget itemization (indicate those items for which you are requesting support)	
Total cost of project	Financial support requested from AATCC Foundation
Signature of applicant	Date
Signature of Faculty Advisor	Date

Describe the objectives of the research project, plan of procedures, methods of analyzing data, and project significance.

Do you plan to present or publish your research findings?

VITA

Name	Office Phone: Mobile Phone: E-mail address:
Department/university address:	Home address
Student status: ___ undergraduate ___ Ph.D. student ___ M.S. student ___ Other:	Expected graduation date
Major and minor area of study	
Educational background and degrees	
Previous work experience	
Involvement in professional organizations	
Publications	
Signature	Date