

**Pennsylvania Middle School Association Research Grant**

**COVER SHEET**

**Person Submitting Proposal:**

Dr., Mr., Mrs., Ms., Miss

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Position and/or Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Information: \_\_\_\_\_

phone

email

Title of Project: \_\_\_\_\_

\_\_\_\_\_

Name of Your Dean or Faculty Advisor: \_\_\_\_\_

Contact Information: \_\_\_\_\_

phone

email

\_\_\_\_\_ *Check here if you wish this proposal to be considered as a teacher-initiated research project: (If so, add name, phone number and e-mail of a school official who can verify employment status and permission to conduct the research.)*

Name and Title of School Official: \_\_\_\_\_

Contact Information: \_\_\_\_\_

phone

email

I agree that if awarded a PMSA research grant, I will write an article summarizing my research, I will give permission for the article to be published in the PMSA newsletter, and I will give permission for my research on the PMSA website.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



Pennsylvania Middle School Association Research Grant

BUDGET SUMMARY FORM

Description and Details

Amount

Supplies of Materials:

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Printing or Duplicating:

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Photocopying:

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Transcription Service:

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Conference Expenses:

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Postage:

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Other:

(Be sure to provide explanation)

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**TOTAL Requested:**

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