**Winona Welch Award Application Information Form**

**I. Project Information**:

Project Title:

Submission Date: Project Dates/Duration (if other than 1 year):

**II. Applicant Information.** Applicant must be an IAS member for at least one year, a new member and first time applicant, or a student sponsored by an IAS member; co-applicants are considered equal participants in the project:

Name: Title:

Institution: Department:

Address: Town, State Zip:

Phone: E-mail:

Co-applicant Name(s; if appropriate):

I/We affirm that all information in this application is correct. I/we agree to meet IAS program requirements (see http://www.indianaacademyofscience.org/grants.html) for the conduct of this research and concluding the award.

(applicant signature and date) (co-applicant signature and date) (co-applicant signature and date)

**III. Sponsor Information**: Applicant(s) who are students or not otherwise chiefly responsible to the institution for the research program must have a faculty or other sponsor who is responsible to the institution for the research program and who meets applicant qualifications listed above.

Name: Title:

Institution: Department:

Address: Town, State Zip:

Phone: E-mail:

I agree that, to the best of my knowledge and understanding, all information in this application is correct, that I am responsible for and have agreed to sponsor this research, and I will guide the applicants to meet the requirements stated by the IAS (see http://www.indianaacademyofscience.org/grants.html) for the conduct of this research, its reporting, and concluding the grant.

Sponsor's Signature: Date:

**IV. Previous IAS Support?** Have applicant(s) or the sponsor received IAS grant funds in the past 5 years?: *If “yes”, answer below. Note: report(s) for previous grants must be on file or submitted with this application.*

a. date(s) previous grants awarded:

b. request for (circle one): NEW, RENEWAL (go beyond prev. IAS funded work), ADDED (add $ to prev. award)

c. previous IAS presentations or publications? \_\_\_\_ If “yes”, list briefly on the back of this page.

**V. Institutional Approval and Contact Information**. Provide the name and contact information of the official responsible for approving this application on behalf of the institution.

Name: Title/Department:

Phone: E-mail:

Address: Town, State Zip:

Signature: Date:

**VI. Financial Information**. Provide the following information of the official to whom any award should be sent.

Name: Title/Department:

Phone: E-mail:

Address: Town, State Zip: