



DR. MICHAEL LEFOR WETLAND
APPLICATION FORM

SCIENCE RESEARCH GRANT

*Application Deadline: **Annually on** February 23*

*Please Email Completed Application Form (PDF format preferred) to:
wetlands@ctwetlands.org*

APPLICANT INFORMATION:

Name(s) _____

Affiliation _____

Address _____

Town _____ State _____ Zip Code _____

Phone _____ E-mail Address _____

ADVISOR INFORMATION (If Applicable):

Name(s) _____

Affiliation _____

Address _____

Town _____ State _____ Zip Code _____

Phone _____ E-mail Address _____

PROJECT INFORMATION:

Project Title: _____

Project Location: _____

Project Duration: from _____ to _____

Total Project Budget: _____

To Whom Funds Would Be Paid: _____

How did you hear about CAWS? _____

DR. MICHAEL LEFOR WETLAND SCIENCE RESEARCH GRANT APPLICATION CHECKLIST:

(Please attach only the materials listed below and adhere to the page and word limits)

- Application Form (2 pages)
- One Page Project Summary (limit 400 words)
- One Page Budget (income and expense projections)
- Resume of Applicant, including three references

APPLICATION CERTIFICATIONS (please note that applications will not be accepted without the endorsement of these certifications):

- 1) I/We agree to recognize the Connecticut Association of Wetland Scientists (CAWS) as having supported this project, and to submit a project report and expenditure summary at the completion of the project (or after one year for ongoing projects or research).

Initials_____

- 2) I/We agree to present the project results at the next annual CAWS meeting. This presentation may be in poster format as well as a short (5 minute) oral presentation. If I am not able to attend the meeting in person, I will notify the CAWS president at least 90 days prior to the next annual meeting.

Initials_____

(Signature of Applicant)

(Date)

APPLICATION DEADLINE: Emailed by February 23 to: wetlands@ctwetlands.org