



IBiS

INTERDISCIPLINARY BIOLOGICAL SCIENCES PROGRAM

IBiS CAREER SUPPORT GRANT Academic Year 2013-14 APPLICATION - Part 1

The IBiS Career Support Grant for academic year 2013-14 covers scientific activities through August 31, 2014. There is no regular deadline and the selection committee will convene once every month. Applicants should take into account that processing of the award may take 30 days or more. The award will be made as additional compensation through the regular payroll. Please note that this type of funding is considered taxable income by the Internal Revenue Service.

Materials required with the Application

1. Application – Part 1 and Part 2
2. A detailed budget spreadsheet noting anticipated expenses associated with the request.

Application date _____

Check one: IBiS student _____ Postdoctoral researcher in IBiS lab _____

Applicant Name: _____

Daytime phone number _____ E-mail address _____

IBiS Research Lab _____

Research topic (or thesis title if applicable)

Event Date(s): _____

Event Location: _____

Description of the Event: _____

Applicant's role in the event (e.g. panel organizer, paper presenter):



IBiS

INTERDISCIPLINARY BIOLOGICAL SCIENCES PROGRAM

Name of dependent: _____ Age: _____

Home Address: _____

Relationship to the Applicant: _____

Name of dependent: _____ Age: _____

Home Address: _____

Relationship to the Applicant: _____

Name of dependent: _____ Age: _____

Home Address: _____

Relationship to the Applicant: _____

Name of dependent: _____ Age: _____

Home Address: _____

Relationship to the Applicant: _____

Name of dependent: _____ Age: _____

Home Address: _____

Relationship to the Applicant: _____

(For additional dependent children, append a sheet listing their name, age, home address and relationship to the applicant)

Anticipated dependent child-care expenses: \$ _____

Amount requested: \$ _____

Applicant Signature: _____

Date: _____



IBiS

INTERDISCIPLINARY BIOLOGICAL SCIENCES PROGRAM

IBiS CAREER SUPPORT APPLICATION FORM Part 2

DESCRIPTION OF THE PLANNED CARE

Please describe the planned care. Be sure to include the provider's name, the provider's relationship to the applicant, the location of the care, hourly cost, etc., as well as information about travel and accommodations for the dependent(s) (and possibly the caregiver) if relevant to the budget.