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):
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: _______________
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.