# ASCLS GRANT APPLICATION COVERSHEET

The purpose of this form is to streamline the application process so that the Awards Committee can notify applicants when applications are received. Please attach a completed copy of the coversheet to each separate application submitted and fill out the other necessary forms as noted in the application guidelines. Email completed forms to [awards@ascls.org](mailto:awards@ascls.org).

**Applicant and co-applicant's NAME as you would like it to appear on the award:**

**APPLICANT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact:**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant(s) for which the applicant is applying: (Please check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Member Research grant |  | I. Dean Spradling Graduate Research Grant |

**ASCLS MEMBER #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR JOINED ASCLS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email to:** [**awards@ascls.org**](mailto:awards@ascls.org)**.\*\***

**\*\* If you do not receive confirmation of application receipt within 2 weeks, please contact the Awards Committee for verification,** [**awards@ascls.org**](mailto:awards@ascls.org)**.\*\***