

AACUSS Special Projects Grant

APPLICATION Name: _____ Title: _____ Province: _____

Institution Name and Address: _____

Department Association: _____

Tel: _____ Fax: _____ Email: _____ Description of

Project: _____

Details of required funding: _____

Other sources of funding received or requested: _____

The applicant agrees to present AACUSS the results of this project through a presentation of report at the annual conference.

Signature: _____

Date: _____

Please send applications with appropriate documentation to:

Please send the Research Grant Application to:

AACUSS Past President
Marc Braithwaite
Rm 401, 4th Floor, Student Union Building
6126 University Ave
Halifax, NS
B3H 4J2

Deadline: April 30 2012 Email: past-president@aacuss.ca