

THE ROOSEVELT INSTITUTE

4079 Albany Post Road Hyde Park, New York 12538

Grant Application Face Sheet

1. NAME AND ADDRESS

NAME _____

STREET _____ CITY _____ STATE _____ ZIP _____

e-mail _____

2. NAMES OF THREE REFERENCES (with appropriate affiliations)

3. EDUCATION

Graduate:

Institution, Degree, and Date: _____

Undergraduate:

Institution, Degree, and Date: _____

Other Degrees: _____

4. ACADEMIC OR OTHER AFFILIATION

5. AMOUNT REQUESTED

6. RESEARCH TIME AT LIBRARY

7. PROJECT TITLE

8. ABSTRACT

9. SIGNATURE

DATE _____