



2017 DR. MICHAEL LEFOR WETLAND SCIENCE RESEARCH GRANT

APPLICATION FORM

Application Deadline: February 10, 2017

***Please Email Completed Application Form (PDF format preferred) to:
wetlands@ctwetlands.org***

APPLICANT INFORMATION:

Name(s) _____

Affiliation _____

Address _____

Town _____ State _____ Zip Code _____

Phone _____ E-mail Address _____

ADVISOR INFORMATION (If Applicable):

Name(s) _____

Affiliation _____

Address _____

Town _____ State _____ Zip Code _____

Phone _____ E-mail Address _____

PROJECT INFORMATION:

Project Title: _____

Project Location: _____

Project Duration: from _____ to _____

Total Project Budget: _____

To Whom Funds Would Be Paid: _____

How did you hear about CAWS? _____

2016 DR. MICHAEL LEFOR WETLAND SCIENCE RESEARCH GRANT APPLICATION CHECKLIST:

(Please attach only the materials listed below and adhere to the page and word limits)

- **Application Form (2 pages)**
- **One Page Project Summary (limit 400 words)**
- **One Page Budget (income and expense projections)**
- **Resume of Applicant, including three references**

APPLICATION CERTIFICATIONS (please note that applications will not be accepted without the endorsement of these certifications):

- 1) I/We agree to recognize the Connecticut Association of Wetland Scientists (CAWS) as having supported this project, and to submit a project report and expenditure summary at the completion of the project (or after one year for ongoing projects or research).**

Initials _____

- 2) I/We agree to present the project results at the next annual CAWS meeting. This presentation may be in poster format as well as a short (5 minute) oral presentation. If I am not able to attend the meeting in person, I will notify the CAWS president at least 90 days prior to the next annual meeting.**

Initials _____

(Signature of Applicant)

(Date)

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