



**DR. MICHAEL LEFOR WETLAND SCIENCE RESEARCH GRANT APPLICATION FORM**

***Application Deadline: February 14, 2019***

***Please Email Completed Application Form (PDF format preferred) to:  
[wetlands@ctwetlands.org](mailto: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? \_\_\_\_\_

**2019 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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