KENTUCKY ACADEMY OF SCIENCE
Fund Application Cover Sheet

Please check fund to which application is directed:

☐ Marcia Athey Fund ☐ Botany Fund ☐ Special Research Program ☐ Undergraduate Research Program

Investigator(s): (Name\Rank\Title)

Principal Investigator _____

Dept.\College\School _____

Co-Principal(s) _____

Dept.\College\School _____

Address of P.I. _____

_____

Telephone No. (P.I.) _____

Fax No. _____

E-mail _____

Title of Research: _____

_____

Period of Proposed Project: From _____ through _____

Budget Summary:

Total costs of all items $_____

Costs to be provided by college or school $_____

Costs requested from Marcia Athey, Botany, or Research Funds $_____

Have any of the investigators previously received research funds from the KAS Foundation? _____

If yes, please list the awardee's name, the amount, and the date of the award _____

_____

Certification and Acceptance

We, the undersigned, certify that the information contained herein is correct and complete to the best of our knowledge, and accept, as to any grant awarded, the obligation to comply with the terms and conditions of the Kentucky Academy of Science Foundation Marcia Athey Fund, Botany Fund, or Research Program Fund in effect at the time of the award.

Signature of Principal Investigator(s)

_____ Date _____

Signature of Authorized Representative of College or School

_____ Date _____

Title _____