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**Richard W. Woodcock Distinguished Research Fellowship Grant Application**

**1. Applicant Information**

The Applicant must have an earned graduate degree in an academic discipline or professional field (e.g., school psychology, clinical psychology, education), or appropriate experience in an educational research profession.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** | Enter Last Name |  **First Name:** | Enter First Name |
| **Highest Educational Degree Attained:** | Enter |  **Degree Attained In:** | Enter Degree |
| **Position/Title:** | Enter |
| **E-Mail Address:** | Enter email address | **Phone Number:** | Enter Phone Number |
| **University/Organization Affiliation:** | Enter Affiliation  |
| **Department (if applicable):** | Enter Department |
| **Street Address:** | Enter Street Address |
| **City:** | Enter City | **State:** | Enter State | **ZIP:**  | Enter ZIP code |

**2. Agency Information**

Please provide the contact information for the Agency’s Grant Office or Contact Person below.

|  |  |
| --- | --- |
| **Full Name of Contact Person:** | Enter Full Name |
| **Position/Title:** | Enter |
| **E-Mail Address:** | Enter Email Address | **Phone Number:** | Enter Phone Number |
| **Department (if applicable):** | Enter Department |
| **Street Address:** | Enter Street Address |
| **City:** | Enter City | **State:** | Enter State | **ZIP:**  |  Enter ZIP code |

**4. Project Title and Abstract**

|  |  |
| --- | --- |
| **Project Title:** | Enter Project Title |
| **Description of Research and Related Scholarship Produced:**  |  |
| Enter Text |

**5. Does your agency have a Human Subjects Institutional Review Board or an Agency-Wide Research Approval Process*?***

\_\_\_\_\_\_\_\_ Yes (if yes, you will be asked to submit to the Woodcock Institute documentation of IRB approval (if applicable) soon after you have been awarded a research grant.
\_\_\_\_\_\_\_\_ No (If No, you will be asked to submit an IRB application through Texas Woman’s University before you receive any grant funds).

**6. Please submit a curriculum vitae or resume***.*

**7. Please enter your agencies tax ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Specify the funding period requested:**

\_\_\_\_\_\_\_\_ July – December after the March 1st application date

 \_\_\_\_\_\_\_\_ January – June (the year after the March 1st application date

**9. Agency Approval Signatures**

*Note: Internal TWU applicants must use the Office of Research and Sponsored Programs Signature Routing Slip in addition to this form.*

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Printed Name Applicant Applicant’s Signature Date

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Printed Name of Primary Researcher’s Primary Researcher’s Department Date

Department Chair or Immediate Chair or Immediate Supervisor

Supervisor

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Printed Name of Authorized Fiscal Signature of Authorized Fiscal Agent Date

Agent of Agency Agent of Agency