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Amount of Award:				
Date Paid:				
Cheque Number:				

INTERPROVINCIAL SCHOOL DEVELOPMENT ASSOCIATION

APPLICATION FOR FINANCIAL SUPPORT: RESEARCH PROJECT

Please complete the application with **typed** information.

Return completed application to:

**Interprovincial School Development Association
5940 South Street
Halifax, NS B3H 1S6**

Name(s) of Individual(s)/Group(s) Involved (Please type all information.)

Name _____

Address _____

E-Mail Address _____

Telephone _____

Please submit a research proposal (minimum of two pages) outlining the following:

- Research description/statement: Give a clear and concise description of the research problem, purpose, or question. The researcher should denote exactly what he or she intends to do and what he or she wants to achieve with the research and how it will benefit APSEA.
- Timeline
- Estimated Cost
- Other Sources of Funding Explored and Received
- Additional Information

I hereby certify that the information on this application is, to the best of my knowledge, true and complete.

Signature: _____

Date: _____