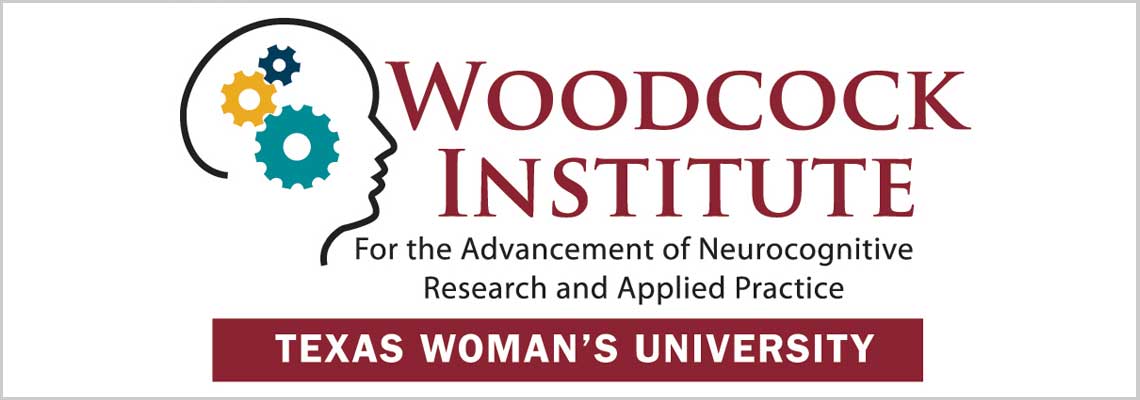
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**Richard W. Woodcock Distinguished Research Fellowship Grant Application**

**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.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Applicant Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Department Chair or Immediate Chair or Immediate Supervisor

Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Fiscal Signature of Authorized Fiscal Agent Date

Agent of Agency Agent of Agency