

PROJECT INFORMATION

Project Title: _____

PRIMARY CONTACT INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

SECONDARY CONTACT INFORMATION (IF APPLICABLE)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

SUBMISSION

By checking this box, I accept and will abide by the terms of the AALL Research Grants program. I understand that, if awarded an AALL Research Grant, I must finish the research project within the agreed-upon time period and file progress reports as described in the Reporting Guidelines. I further understand that my failure to adhere to the terms of the Research Grants program may result in no further disbursement of funds and/or the reimbursement to AALL of monies awarded, as determined by the LexisNexis Research Grant Jury.

Today's Date: _____

Please submit all documents together to help ensure the application is complete by the deadline. Please save the application and email all documents to Megan Mall at mmall@aall.org.