

ADPCCJ Student Research Funding Application Cover Sheet

Applicant Name:		
University:		
Department:		
Dissertation Chair or Recommender:		
Funding Cycle Year:		
Semester	Spring	Check one
	Fall	
Funding Amount Requested:	\$ (enter amount)	
Partial funding acceptable?	Yes	Check one
	No	
Funding Requested for	Research Activities	Check one
	Professional Dev.	
Prior Recipient of ADPCCJ funding?	Yes	Check one
	No	
For Internal Use Only:		
Date Received:	(enter date)	
ADPCCJ Member Dues Paid Current?	Yes	Check one
	No	
Notes:		
Decision to Fund	Yes	Check one
	No	
Amount	\$	