

DISS #: \_\_\_\_\_

REVIEWER: \_\_\_\_\_  
(OFFICE USE ONLY)

**FAHS-BECK FUND FOR RESEARCH AND EXPERIMENTATION**

A Fund Established with The New York Community Trust

**DOCTORAL DISSERTATION GRANT PROGRAM**

**Application Form**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

University: \_\_\_\_\_

Graduate Department or School: \_\_\_\_\_

Dissertation Title: \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

How did you hear about the Fahs-Beck Fund Doctoral Dissertation Grant Program?

*(Select all that apply.)*

- Internet search
- Faculty member
- Posting or notice at my school
- Other students from my school have applied to the Fahs-Beck Fund
- Professional association: \_\_\_\_\_
- Other: \_\_\_\_\_

## Other Sources of Funding

Have you received, applied for, or do you intend to apply for other sources of funding for this project?

- No, I have neither received nor applied for, nor do I intend to apply for, other sources of funding
- Yes, I have received, applied for, or intend to apply for other sources of funding

If yes, on a separate piece of paper, please indicate the other sources of funding (i.e. departmental, school, university, foundations, professional organizations, etc.) to which you have applied or intend to apply, the amount for which you have applied, and whether you have received the funding or the date you expect to receive notification of funding.

If you do receive funding from the Fahs-Beck Fund and other sources for the same expenses, we request that you inform us. In that event you may propose that the Fahs-Beck funds be used for other expenses on your study or that the funds be returned to Fahs-Beck or the other grantor.

## Payment Information and Signature

If a grant is approved, please indicate how the check should be made out and to whom it should be sent. (*NOTE: The Payee must be a tax-exempt institution, and the check must be sent to a university official.*)

Payee: \_\_\_\_\_

University official or office where check should be sent:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Checklist** (*Check box to indicate completion or inclusion of item in package.*)

- PDF of dissertation proposal sent as an email attachment to [dissertation@fahsbeckfund.org](mailto:dissertation@fahsbeckfund.org)

For items below, check only those included in package:

- Application form (2 copies)
- Project Summary with Cover Sheet (10 copies)
- Printed copy of dissertation proposal
- Evidence of faculty approval of proposal
- Evidence of official final IRB approval
- Confidential letter from primary faculty sponsor
- Applicant's curriculum vitae
- Time schedule
- Proposed budget and narrative
- Letter of agreement from applicant
- Letter regarding other sources of funding (if necessary)
- Letter from institution regarding administrative costs, if any
- Letter from institution indicating tax status and accreditation

Mail application package to:

Fahs-Beck Fund for Research and Experimentation  
c/o The New York Community Trust  
909 Third Avenue, 22nd Floor  
New York, NY 10022

***IMPORTANT: Be certain to retain a copy of the completed application form and all supporting documents.***

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**Project Summary Cover Sheet**

**A copy of this completed form must be stapled to each of the 10 copies of the Project Summary.**

Applicant Name: \_\_\_\_\_

University: \_\_\_\_\_

Graduate Department or School: \_\_\_\_\_

Dissertation Title: \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Type of Data:  Qualitative  
 Quantitative  
 Combination

Type of Design:  Experimental  
 Quasi-Experimental  
 Non-Experimental

Origin of Study:  Original study designed by applicant  
 Part of a larger study  
 Secondary data analysis

Sample Size: \_\_\_\_\_