



**UNIVERSITY RESEARCH COUNCIL
OFFICE OF GRANTS AND RESEARCH SERVICES
2025 APPLICATION FORM**

APPLICATION CATEGORY:

- Summer Stipend
 Research Grant

COLLABORATIVE PROPOSAL:

- Yes
 No

FACULTY INFORMATION:

Name

Email Address

Academic Rank

Phone Number

College/School

Dept./Division

Highest Degree Attained

Date Degree Attained

Date of SHU full-time employment

Employee ID#

Faculty Status: Tenure-track Tenured

Research-Responsible Contract

Submission Status: Have received prior URC award

Have not received prior URC award

Proposed project represents new research area from prior award

PROJECT INFORMATION:

Title of Project:

Project Period: From To

Project Location:

Amount Requested: \$

Field of Study:

Applications **must be received** in the Office of Grants and Research Services by **Monday, February 17, 2025, at Noon**, via the following email address: grantsoffice@shu.edu. No proposals will be accepted after the closing date. Failure to include any of the information requested in the URC Guidelines may result in the rejection of the proposal without review.

Approved Date:

Approved Amount: