

FRIENDS



University of Wisconsin–Madison Library

Application for Grant-In-Aid

Name _____

E-mail Address _____

Present Address _____

Telephone _____

Birth Date _____

Present rank or title _____

Department _____

Institution _____

Field of Specialization _____

Proposed period of grant _____

Please attach a curriculum vitae and an abstract (not to exceed one page) of your proposed research project.

Give the names, titles, and addresses of 2 persons familiar with your work.

Please have letters from your references in support of your proposed research sent directly to:

FRIENDS OF THE UNIVERSITY OF WISCONSIN-MADISON LIBRARY

at the address below.

1. _____

2. _____

Please return to:

Friends of the UW-Madison Library, 990 Memorial Library, 728 State Street, Madison, WI 53706

DEADLINE IS FEBRUARY 1 OF EACH CALENDAR YEAR