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**2023 Research Foundation Grant**

**Application Cover Sheet**

Please complete the following demographic information to be submitted along with your proposal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Primary Researcher** |  | | |
| **NCTE Member Number** |  | | |
| **Title of Project** |  | | |
| **Amount Requested** | $ | **Length Requested** | \_\_\_\_ months |
| **Population Served in**  **Research Project** |  | | |
| **School / Institution** |  | | |
| **Occupation Title** |  | | |
| **Work Address** |  | | |
| **Work Phone** |  | **Work Fax** |  |
| **Work E-mail** |  | | |
| **Home Address** |  | | |
| **Home Phone** |  | | |
| **Home E-mail** |  | | |
| **Voluntary Indication of Ethnicity** |  | | |
| **If there are other members of your research team, list name(s) and institution(s) here** |  | | |
| **How did you learn about the NCTE Research Foundation as a possible means of support?** |  | | |