

W. R. Poage Legislative Library

John Dowdy Memorial Congressional Research Endowed Fund Grant

APPLICATION FOR DOWDY RESEARCH GRANT

Name (Please Type or Print: Last name first)

Mailing Address:

Permanent Address (if different from above):

Home Phone _____ **Work** _____
Phone: _____
Fax: _____ **E-mail:** _____

Education:

Institution	Degree	Date Awarded

Employment: Current Position or Occupation: _____

Institutional Affiliation, if any: _____

Product of research: Book PhD Dissertation MA Thesis Article Other _____

Title of Research Project: _____

Concise summary of project: _____

How did you learn of grant? _____

Applicant's Signature: _____ **Date:** _____