



Last Name _____

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**AMERICAN MUSEUM OF NATURAL HISTORY
OFFICE OF GRANTS AND FELLOWSHIPS**Central Park West @ 79th Street
New York, NY 10024-5192**APPLICATION
Collection Study Grant, Department of Ornithology****PURPOSE**

A Collection Study Grant provides financial assistance to enable predoctoral and recent postdoctoral investigators to study the ornithological collections at the American Museum. Applicants should contact a curator to discuss the proposed project. Projects of four days or longer are encouraged.

APPLICATION GUIDELINES

Awards are made in partial support of travel and subsistence while visiting the Museum. The amount of the award generally ranges from \$500 to \$1500. Ordinarily, a collection study grant is awarded on a one-time basis. Persons requiring a greater amount of funding should apply to the Frank M. Chapman Memorial Fund.

This program is not available to investigators within daily commuting range of the American Museum of Natural History. Applications should be submitted 2 months prior to visit. Send applications via e-mail to any curator.

REQUIRED PROJECT DESCRIPTION

All applicants should attach a project description (no more than 2 pages, single spaced) that includes the following:

1. Name of investigator, title of project, institutional and mailing address (must include e-mail and fax contact)
2. Project description, which should include a statement of the proposed research, its scientific significance, ornithology collections to be studied and why these are necessary for the successful completion of the research, and any other

facilities or equipment that will be required at the time of the visit. **Please attach a curriculum vitae with a list of your publications.**

3. Itemized budget and justification. On a separate page, provide a budget that includes: (a) costs, and justification, for each item (travel costs, accommodation etc.) requested from AMNH, (b) estimated total costs of the visit and sources and amounts of other funds, (c) a list of other institutions to be visited at the same time as your visit to AMNH and the total amount of funds being requested or awarded by these institutions.

Please also fill out the following information:

Name _____ **Telephone** _____

Social Security Number (if applicable; necessary for issuing funds) _____

Present Position _____

Candidate for degree (students only) _____ **Master's** _____ **Ph.D.**

Research Advisor _____

Proposed Dates of Visit _____

Signature _____ **Date** _____

To be completed by reviewer (indicate one and sign)

_____ **Highly Recommended** _____ **Recommended** _____ **Doubtful** _____ **Not Recommended**

Reviewer's Name _____ **Date** _____