

# American Philosophical Society

104 South Fifth Street  
Philadelphia, PA 19106-3387

7/2020

For Office Use

Competition PNA 2021

Prior Appls \_\_\_\_\_

## Phillips Fund For Native American Research

**NAME in full, last name capitalized** : John DOE

**E-MAIL** : jdoe@test.com

**ALTERNATE E-MAIL** :

**BEST MAILING ADDRESS** :

**TELEPHONE** :

**INSTITUTIONAL AFFILIATION** :

**PRESENT POSITION** :

**DATE and PLACE of BIRTH** :

**CITIZENSHIP** :

**GENDER** : -

**RACE** :

### EDUCATION

*Institution*

*Degree*

*Date*

*Field of Study*

### PROJECT TITLE

**DATES of trip or project** :

**AMOUNT OF FUNDING requested** :

NAME John DOE

**BUDGET STATEMENT**

	<i>Amount</i>	<i>Month / Year</i>
<b>TRAVEL</b>	:	
<b>LODGING, FOOD</b>	:	
<b>TAPES, CONSULTANTS' FEES</b>	:	
<b>SUPPLIES, OTHER</b>	:	
<b>TOTAL</b>	:	

**Explain the reasons for the requested budget allocations.**

**NATIVE AMERICAN LANGUAGES read/spoken/studied; OTHER LANGUAGES read/spoken/studied:**

**RELATION of study to THESIS or DISSERTATION:**

**WHAT STEPS have you taken to secure an IRB (if necessary), and WHAT CONTACTS have been made with the tribe(s) in question to inform them of your research plan and obtain appropriate PERMISSIONS?**

**PREVIOUS PUBLICATIONS by applicant, pertinent to present project:**

**PUBLICATIONS anticipated and approximate date of completion of manuscripts:**

**NATURE and form of field notes, audio-visual materials, or other original materials that may be deposited at the Library. The Society does not accession material obtained from other archives.**

**PREVIOUS GRANTS received for this work, including institutional contributions:**

<i>Name of Fund</i>	<i>Dates of Tenure</i>	<i>Amount Received</i>
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**OTHER APPLICATIONS to support this project, currently pending:**

<i>Name of Fund</i>	<i>Purpose</i>	<i>Dates of Tenure</i>	<i>Amount Requested</i>
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NAME John DOE

**NAMES and e-mail addresses of two experts you have asked to support this application. Your recommender should discuss: 1) the importance and feasibility of the project and 2) your qualifications to carry out this project.**

*Name / E-mail*

*Name of Institution / Title*

*Address / Telephone*

**DATE SUBMITTED** \_\_\_\_\_