

Special Collections Research Center – Southern Illinois University Carbondale

Alwin C. Carus Research Grant

Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Position: \_\_\_\_\_

Title of Research Project: \_\_\_\_\_

\_\_\_\_\_

Estimated dates and total hours/days working at Special Collections: \_\_\_\_\_

\_\_\_\_\_

Name and contact information of professional reference: \_\_\_\_\_

\_\_\_\_\_

U.S. Citizen: Yes or No

\_\_\_\_\_

Signature

\_\_\_\_\_

Date