Help-a-Linguist- Fund Application

Date: _____

I. Applicant Information

Name: _____   Phone Number: _____

UB Person Number: _____   Local Address: _____

UB Email:_____   City, State, ZIP:_____

1. Student track (circle one):   Master Program   Doctoral Program

Have you exhausted GSA and departmental funding prior to applying?   Yes   No

Have you ever been denied GSA or departmental funding? If yes, why?   Yes   No

_____

2. Reason for applying (circle one):   Conference   Research   Fieldwork

Amount of funding request: $ _____   (maximum: lifetime $200)

II. Complete one of the following sections:

(complete only the section that applies to you)

A. Conference Presentation

Name of conference: _____Title of presentation: _____

Location of conference: _____Date of conference: _____

B. Research

Description of research:

_____

_____

What will these funds be used for? _____

Date(s) of research to be conducted: _____

C. Fieldwork

Description and location of fieldwork: _____

What will these funds be used for? _____

Date(s) of travel: _____

III. Faculty Acknowledgement

I certify that this applicant will incur the costs detailed here for the reasons stated above.

Signature: _____   Date: _____

IV. Applicant Acknowledgement

I certify that this information is complete and truthful and that I am eligible per the requirements of the GSA and the Linguistics Department. I understand that failure to comply with the guidelines or misrepresentation of information is grounds for denial of future funding and/or legal recourse.

Signature: _____   Date:_____

For GLA use only :

Amount approved:	Treasurer:	Date: