

THE WARCOLLIER PRIZE – APPLICATION COVER SHEET

Research Proposal Title:

Principal Investigator:

Name: _____

Current position(s): _____

Mailing address: _____

Contact information: Phone _____ Fax _____ Email _____

Co-investigators Names:

Location where study is to be conducted:

Administrator of award funds:

Name: _____

Current position(s): _____

Mailing address: _____

Contact information: Phone _____ Fax _____ Email _____

Have funds for this research study been obtained from other sources?

Yes: ____ No: ____

Source(s): _____

Amount(s): _____

Agreement:

If I am awarded the Warcollier Prize, I agree to complete the proposed research project, submit a research paper based on the study, and provide an article on the experiment for *Aperture*, on or before May 31, 2016.

Signature of Principal Investigator: _____ Date: _____