

ADEA Council of Sections Project Pool Application

Submitted by: _____

Institution Name: _____

Phone: _____ Fax: _____ Email: _____

Section or Special Interest Group Affiliation (if applicable) _____

Project Title _____

Total Project Budget: _____ **Total Funds Requesting:** _____

Primary Project Investigator(s) – If different from above

_____	_____	_____
(First Name, Last Name)	(Institution)	(Email)

_____	_____	_____
(First Name, Last Name)	(Institution)	(Email)

*If there are additional investigators, please add to a separate sheet of paper and attach to application.

Will the project be co-sponsored by an ADEA Section or Special Interest Group? If yes, a letter confirming the amount of support must accompany the application. **Yes** **No**

Co-Sponsor(s) Information *If there are additional sponsors, please add to a separate sheet of paper and attach to application.

_____	_____	_____
(Sponsoring Section or SIG)	(Authorizing Officer)	(Amount of support)

_____	_____	_____
(Sponsoring Section or SIG)	(Authorizing Officer)	(Amount of support)

Payment Information (provide the complete address information for check payment)

Make Check Payable to: _____

Attention of (if applicable): _____

Street or Mailing Address: _____

_____	_____	_____
City	State	Zip

FOR OFFICE USE ONLY

DATE APPROVED _____ CHECK REQUESTED _____

CHECK MAILED _____ CHECK # _____

SENIOR STAFF AUTHORIZATION _____

REQUESTED BY: _____

Print Name	Signature	Date
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