SAN DIEGO INDEPENDENT SCHOLARS
HELEN HAWKINS MEMORIAL RESEARCH GRANT FUND

APPLICATION FOR RESEARCH FUNDS

Name: _____

Street Address: _____ City: _____ Zip: _____

Telephone: Home _____ Work _____

Fax _____ e-mail _____

Title of Project: _____

Duration of Research: _____ Amount Requested: $_____

Budget Details: _____

_____

ABSTRACT: (If space insufficient, use second page; or attach typewritten statement)

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N.B. Please return this application with all your supporting documents to the SDIS President.