



# APPLICATION FOR THE ANGUS GAVIN MIGRATORY BIRD RESEARCH GRANT

APPLICANT'S NAME \_\_\_\_\_  
Last, First Middle

UA I.D. NUMBER: \_\_\_\_\_

CAMPUS AFFILIATION: \_\_\_\_\_

MAILING ADDRESS:  
(CURRENT) \_\_\_\_\_

(PERMANENT) \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

POSITION: FACULTY TITLE: \_\_\_\_\_  
GRADUATE STUDENT

REQUESTED BUDGET: \$ \_\_\_\_\_

DEGREE TO WHICH YOU ARE WORKING (IF APPLICABLE):  
\_\_\_\_\_

EDUCATIONAL GOALS AND OBJECTIVES (IF APPLICABLE):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby attest that the information provided in this application is true, correct and complete. I agree to allow any information in this application to be released for publication.

\_\_\_\_\_  
Signature (required) / Date