

# MAXI RESEARCH GRANT PROPOSAL

(For Grades 9–12 Only)



NOTE: Only students who have been selected to exhibit at an Area, City, or State Science Fair may apply for the Maxi Research Grant. **APPLICATION DEADLINE is APRIL 18, 2008.**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Chicago, IL Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ CPS Area: \_\_\_\_\_ GSR: \_\_\_\_\_

School Phone: (773) \_\_\_\_\_

Teacher-Sponsor's Signature: \_\_\_\_\_

Name of Teacher-Sponsor (*please print or type*): \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Name of Scientific Advisor (*if any*): \_\_\_\_\_

Affiliation of Advisor: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Purpose of Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific organisms (*if applicable*) to be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Procedures to be followed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is needed, attach additional pages.

(Continued on page 76)

