



MAXI RESEARCH GRANT PROPOSAL

(For Grades 9–12 Only)

NOTE: Only students who have been selected to exhibit at an Regional, City, or State Science Fair may apply for the Maxi Research Grant. **APPLICATION DEADLINE IS FEBRUARY 24, 2017**

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:

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Procedures to be followed:

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If more space is needed, attach additional pages.

(Continued on page 80)



- Attach a copy of your Reference List.
- Attach a copy of your Research Summary.
- Attach a copy of your approved endorsement(s) if this research involves humans, vertebrates, vertebrate tissue, microorganisms, or recombinant DNA as per the current *Science Fair Handbook*.
- List materials needed and include the catalogue number, price, price extension, shipping charges, and the name of the supplier. Attach additional pages if necessary.

QUANTITY	ITEM(S)	CATALOGUE #	COST (EACH)	EXTENSION	SHIPPING	NAME OF SUPPLIER
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
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			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
TOTAL ►						

Total amount requested: \$ _____ (Maximum of \$500.00. One grant per student.)

Indicate your participation by year in:

School Science Fairs: _____ , _____ , _____ , _____ , _____ , _____

Chicago Area/Regional Science Fairs: _____ , _____ , _____ , _____ , _____ , _____

City Science Fairs: _____ , _____ , _____ , _____ , _____ , _____

IJAS (State Science Fairs): _____ , _____ , _____ , _____ , _____ , _____

ISEF (International Science Fairs): _____ , _____ , _____ , _____ , _____ , _____

Mail to: Barbara Dubielak-Wood
 Elizabeth St. Training Facility-Room 504
 GSR #38

DO NOT WRITE BELOW THIS LINE. (FOR COMMITTEE USE)

Research Grant Committee:

1. Approved Rejected Initials: _____ Date: _____
2. Approved Rejected Initials: _____ Date: _____

Review: All applicants receiving approval of this application must be interviewed by representatives of Chicago Public Schools Student Science Fair, Inc.

Interviewer: _____ Approved Rejected _____
INTERVIEW DATE CHECK NUMBER:

Interviewer: _____ Approved Rejected _____
INTERVIEW DATE CHECK NUMBER: