



MAXI RESEARCH GRANT PROPOSAL

(For Grades 9–12 Only)

NOTE: Only students who have been selected to exhibit at an Regional, City, or State STEM Exhibitions may apply for the Maxi Research Grant. **APPLICATION DEADLINE IS FEBRUARY 21, 2020**

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:

