

GDL Foundation Fellowship Grants

The GDL Foundation, in the discretion of its Trustees, may provide fellowships to assist research and study of geosciences at the graduate and post-doctoral levels.

Grant Procedures

The Trustees of the Foundation will determine grants based on review of the applications received each year. Complete applications and all accompanying attachments should be sent electronically to info@gdlfoundation.org. Signature pages and other documents not available electronically should be sent via the United States Postal Service to:

The GDL Foundation
P. O. Box 301988
Austin, TX 78703

Most awards are made to degree-granting institutions on behalf of individual applicants.

The GDL Foundation should be acknowledged in any publication resulting from research conducted with the assistance of a grant from the Foundation.

Graduate and Post-Doctoral Fellowship Grant Applicants

To be eligible for consideration for a graduate or post-doctoral fellowship from the GDL Foundation, candidates must meet the following criteria:

1. Candidates must have a bachelor's or equivalent degree, including a degree earned in a foreign educational system.
2. Candidates must have been accepted as a graduate student or post-doctoral fellow or be a member of the research staff at an accredited institution of higher education.
3. Candidates must be in good academic standing if they are currently enrolled in an academic institution.
4. Candidates must be pursuing a research project under the auspices of their academic institution.
5. Candidates must be available for in-person or telephone interviews and must provide personal or academic references at the request of GDL Foundation representatives.
6. Candidates must complete this application and provide it and all required supporting material as indicated on page 1 of this application.

Item 1

General Information

Selected information from this box (1.1-1.3) may be released to the general public if this proposal is selected for funding

1.1 Name of Applicant and Institution affiliation

Degree(s) month/year

Title:

Sex: (M/F)

Surname:

First name(s):

Full name of Institution/Department:

Institution Address:

Full postal address of Applicant to be used for professional correspondence:

Country(ies) of citizenship:

Country(ies) of residence:

Telephone:

Secretary's Telephone:

Fax:

Email (1):

Email (2) or Website:

Location Where Research Will Be Performed:

Will the research project be conducted at the masters, doctoral or post-doctoral level?

Masters _____

Doctoral _____

Post-doctoral _____

1.2 Title of Project:

1.3a Proposed starting date:

1.3b Estimated duration:

1.4 Institutional and national ethical clearance and approval *(Required if the proposal involves research on human subjects, including collection of human blood or other human tissue samples)*

Is ethical clearance required?

If “yes”, is institutional ethical clearance document attached?

If “yes”, is there a national ethical review body in your country?

If “yes”, is national ethical clearance document attached?

1.5 National government approval

Is national government approval required?

If “yes”, is the approval document attached?

1.6 Use of animals

Are animals to be used in this project?

If “yes”, list species and estimated number:

1.6 How did you learn about the GDL Foundation?

EOS _____

GSA _____

Web site _____

Other (please name) _____

1.7 Acceptance of general conditions by the Applicant

I hereby certify that all the information contained in this application is true, accurate and complete to the best of my knowledge. I hereby authorize the trustees of The GDL Foundation to verify any information that I have submitted as part of this application and to use that information in evaluating my application.

I understand that if I use the fellowship grant proceeds for any purpose other than that stated herein, or if any information submitted on this application is found to be untrue, inaccurate or incomplete, I will be subject to forfeiture of the proceeds awarded, including any amounts awarded in prior years, and agree to return all such proceeds.

I hereby certify that I am not a spouse, ancestor, descendant or spouse of a descendant of any contributor to the GDL Foundation or any of the Trustees of The GDL Foundation.

Signature of the Applicant: _____

Date: _____

Declaration of institutional endorsement

I confirm that I have read this application and that, if support is granted, the work will take place under the auspices of the Department/Institution in accordance with the applicable criteria for research as conducted by the Department/Institution. I also confirm that the Applicant, _____ (name), is a full-time employee of, or a full-time student in a masters or doctoral degree program of this institution.

Responsible Administrative Authority:

Signature: _____

Name (printed or typed): _____

Title: _____

Date: _____

Full name of Institution: _____

Full postal address: _____

Telephone: _____

Email (1): _____

Email (2) or Website: _____

Item 2

Project Outline

(6-page maximum)

Please submit an outline of your proposed research project. The outline should detail the intent and scope of your proposed project. Please be concise and attach your typed response to this application as Item 2.

Please include in the response (1) a one paragraph, half page summary of the project (in non-specialist, layperson's terms) as well as (2) a one paragraph, half page scientific abstract.

Item 3

Project Budget – One Year

(Direct costs only – U. S. Dollars; Please provide an estimate of costs for a 12- month budget period)

PERSONNEL (Name, Title)	ROLE	SALARY	FRINGE	TOTALS
EQUIPMENT (Justify any request in excess of \$500)				
SUPPLIES				
TRAVEL				
OTHER EXPENSES (Itemize by category)				
TOTAL COSTS FOR A 12-MONTH BUDGET PERIOD				

Item 4 Project Budget -- Total

(Direct costs only – U. S. Dollars; Please provide an estimate of costs for any project expected to last longer than 12 months)

PERSONNEL (Name, Title)	ROLE	SALARY	FRINGE	TOTALS
EQUIPMENT (Justify any request in excess of \$500)				
SUPPLIES				
TRAVEL				
OTHER EXPENSES (Itemize by category)				
TOTAL COSTS FOR PROJECT				

BUDGET JUSTIFICATION: *(Use an additional page if required. Also use this space to describe any joint funding for this project.)*

Item 5 Facilities and Physical Environment

(Use the space provided to describe the following)

Laboratory:

Equipment:

Field Facilities:

Data Processing:

Other:

Item 6 Current And Pending Support

Use additional sheets as necessary and attach a copy of the abstract page or summary statement of specific aims from each proposal. Annotate abstracts with a name and abstract number to correspond with the name and grant title on this page. In addition, if you have received a major grant in the past which has been completed and therefore would not appear on this page, please attach relevant information about it.

1) Title: _____

Check one:

Active

Pending

Planned

Check one:

Related*

Unrelated**

Source: _____

Amount: _____

2) Title: _____

Check one:

Active

Pending

Planned

Check one:

Related*

Unrelated**

Source: _____

Amount: _____

3) Title: _____

Check one:

Active

Pending

Planned

Check one:

Related*

Unrelated**

Source: _____

Amount: _____

*"Related support" is other support that is expected for the research project detailed in this application.

**"Unrelated support " is support that is expected for research projects other than the one detailed in this application.

Item 7

Research Ethics Preparation

In a brief statement, please provide evidence of specific education or training in research ethics, with specific attention to avoidance of scientific misconduct.

Item 8 Professional References

Please list below the names and contact information for at least two and up to four people external to the applicant's institution, if applicable, who may be contacted as professional references:

1.

Name _____

Title _____

Institution _____

Address _____

Email _____

Telephone() _____

Fax () _____

Relationship to Candidate _____

2.

Name _____

Title _____

Institution _____

Address _____

Email _____

Telephone() _____

Fax () _____

Relationship to Candidate _____

3.

Name _____

Title _____

Institution _____

Address _____

Email _____

Telephone() _____

Fax () _____

Relationship to Candidate _____

Item 9 Curriculum Vitae

Please submit as Item 9 the most recent copy of your curriculum vitae which should note your past academic, research and work history as well as noting any publications or other honors or distinctions you have received.