

Signature Page

2010-11

Collaborative
Research
Grant

Name of Project Leader _____

Institution _____

Title of Project _____

Collaborators _____

Total requested amount (up to \$16,000) _____

Period of research. (Work must be complete by September 1, 2011.) From _____ To _____

The school (or accredited department) recognizes the project leader named above as a full-time member of its faculty. If the project leader's proposal is successful, the school agrees to the period of research, to the budget request, and to disbursement of the funds.

Signature of academic dean/chief administrative officer _____

Type or print name of authorized signatory _____

School _____

Date _____

Send this page to: *Stephen R. Graham*
The Association of Theological Schools
10 Summit Park Drive
Pittsburgh, PA 15275-1110
Phone: 412-788-6505, ext. 251

**The deadline for receipt in the ATS office
is January 5, 2010.**