NEWNHAM COLLEGE

# CAMBRIDGE

**POSTGRADUATE GRANTS & AWARDS COMMITTEE**

**APPLICATION FOR A RESEARCH & TRAVEL AWARD**

1. Name (please print)……………………………………….……………………..……..Year of Study……………..

Degree Course & Subject…………………………………………………………………………………………….

@cam email address…………………………………………………………………………………………………..

**PLEASE NOTE: THOSE BEYOND THEIR NINE TERMS OF RESEARCH ARE NOT ELIGIBLE FOR PGAC AWARDS.**

 Annual Maintenance Grant………………………………………………..…………………………………………

 Funding Body (if any)……………………………………….……………………………………………………….

 Year and amount of any previous College Research Grant(s): ………………………………………………………

1. Purpose of grant requested

Please include all relevant information and explain the relationship to your research. You should inform the Secretary of PGAC of any change to these details right away. **Print clearly**.

(please note that PGAC does not award grants for travel which is unconnected with research).

Estimated costs (please itemise)

 Total cost: ……………………………

1. Dates of Travel

…………………………………………………………………………………………………………………………..

1. Application to other bodies for the same purpose

Newnham awards travel/research grants only when you can produce evidence that you have applied to any other sources for which you are eligible, eg Research Council or other funding body, Department or Faculty, University funds, etc. (see November “Awards” issue of the Reporter).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Body**  | **Date of** **Application**  | **Expected Date of Decision**  | **Possible amount (if known)**  |
|  |  |  |  |

**Please inform the Secretary of PGAC of any pending decisions as soon as they are made (whether positive or not).**

Signature………………………………………………………………..…….Date………………………………..…

NOTE: Claims must be made in the financial year in which the expenses occurred.

**PLEASE NOW FORWARD TO YOUR SUPERVISOR**

1. Supervisor

Please comment on this application, and state whether the purpose for which the grant is required is essential, important or useful.

Signature:………………………………………………………………………………..

Name (please print):……………………………………………………………………..

Department:……………………………………………………………………………...

1. Conditions

Any payments agreed by PGAC will be made on receipt of proof of costs incurred.

**Please return to** **sarah.loveday@newn.cam.ac.uk**