



Mini-Grant for Research Application Cover Sheet

Name: _____ Date: _____

School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Project Title: _____

Project Summary:

Projected Budget Expenses: Budget Period: From: _____ To: _____

Please send completed application:

Dr. Elizabeth Morley, Mini-Grant Chairperson

University of Toronto

Institute of Child Study

45 Walmer Road

Toronto Ontario, Canada M5R 2x2

Phone : 416-934-4509 Fax: 416-978-6485

emorley@oise.utoronto.ca