TRAVEL GRANT APPLICATION FORM

African American Episcopal Historical Collection
Virginia Theological Seminary Archives
Bishop Payne Library
3737 Seminary Road
Alexandria, Virginia 22304-5201
703-461-1732
askaaehc@vts.edu
http://www.vts.edu/aaehc

Applications must be emailed or postmarked by January 16, 2017
Notifications will be made no later than May 1, 2017
Travel must occur between May 1, 2017 and June 30, 2018

We prefer electronic submissions. Please email a scan of your completed and signed application and other documentation to askaaehc@vts.edu as attachments. Applications by U.S. mail will be accepted at the address above. Recommendations may be mailed to the address above, if the recommender is not willing to submit electronically.

PLEASE NOTE THAT THIS APPLICATION REQUIRES YOU TO SPEAK WITH A STAFF MEMBER BEFORE SUBMISSION (SEE QUESTION #7).

1. Name:
   (Last)          (First)         (Middle)

2. Address:

3. Brief Title and Description of Research Project (providing information about the topic, time period, etc.).

4. In a separate document, please provide a description of your project, explaining how you will use materials in the AAEHC (500 words or less).

5. What is the expected publication, product, or outcome of this research (e.g., book, journal article, dissertation, parish or diocesan history, internet resource)?

6. What is the expected date of completion of the project listed in #5?
7. Staff member(s) with whom you have discussed this application (Discussion with at least one of these individuals is required):

___ Joe Thompson, Archivist for the African American Episcopal Historical Collection  
(703) 461-1732, jthompson@vts.edu  
Date(s): Form of contact:

___ Christopher Pote, Seminary Archivist  
(703) 461-1850, cpote@vts.edu  
Date(s): Form of contact:

8. Telephone:

9. Email:

10. Current Status and Institutional Affiliation (if any):

___ Clergy  
Order/Title:  
Denomination:  
Institution:  

___ Faculty Member  
Rank:  
Institution:  

___ Seminarian or Graduate Student  
Degree Program:  
Institution:  

___ Undergraduate  
Major:  
Institution:  

___ Independent Researcher  

___ Other  
Please describe:

11. In a separate document, submit a CV or resume.

12. List the name, title, and institutional affiliation of an individual who has been asked to submit a recommendation on your behalf under separate cover. The recommendation should address the nature and caliber of your academic work.
13. List collections in the AAEHC that are relevant to your research. Please be as specific as possible within each collection (e.g., list the series and subseries that you are likely to explore):

14. Tentative Dates of Travel (Must occur between May 1, 2017 and June 30, 2018):

15. Complete the budget information below. Transportation, food, lodging, photocopying, and other research-related expenses are eligible. **Please itemize each line.** For example, when listing hotel costs, provide the charge per night and the number of nights you think you will stay. The Virginia Theological Seminary operates a guest house that may provide an alternative to hotels. For more information about this and other lodging options, as well as local ground transportation and restaurants, see [Travel and Accommodations](#).

   Room (if intending to lodge in a hotel, use the per diem for zip code 22304 found at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem); if intending to lodge at VTS, be sure first to check availability for the period you estimate you would visit, and use the guest house rate):

   Air/Train:

   Ground Transportation:

   Car ($0.575/mile):

   Meals (use the per diem for zip code 22304 found at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem)):

   Photocopying (note that materials may be photographed):

   Other Research Expenses:

   Other:
16. Total Amount of Support Requested:

17. How did you hear about this grant (please be specific)?

________________________________________         ______________________________
(Signature)            (Date)

Certification

In signing this form, I certify that:

a. this application is truthful and accurate.

b. I will recognize the Historical Society of the Episcopal Church and the Virginia Theological Seminary in any publication(s) drawing upon the research done with the support of this grant. I also certify that I will acknowledge the assistance of the AAEHC staff and the Bishop Payne Library staff in facilitating my research.

c. when I send my receipts to the AAEHC for reimbursement, I will submit by email a one to two page report of the research accomplished during the visit. I understand that this report must be received in order for the reimbursement to be authorized.

d. within six months of visiting the AAEHC, I will submit a copy of the project that was supported by the grant (e.g., book, thesis, internet resource) or, if not yet completed, a progress report about the project.

e. I give permission to the AAEHC to publish my name as a recipient of the grant, as well as a brief title of my research project.

f. I understand that I must submit a W-9 tax form, including a social security number, to the seminary’s business office before any monies can be dispersed.

g. I understand that I am expected to make a presentation about my research to the seminary community.