

UNIVERSITY OF ALASKA MUSEUM OF THE NORTH
907 Yukon Drive
Fairbanks, AK 99775-6960
907-474-7505
attn: Dr. Patrick Druckenmiller

2009 GEIST FUND APPLICATION FORM

Name: _____

Permanent Residence Address: _____

Mailing Address: _____

Home Phone: _____ Business Phone: _____ Email address: _____

Social Security No: _____ Amount Requested:\$ _____

Faculty: _____ Department: _____

Rank: _____

Student: Degree Sought: _____ Ph.D. Advanced to candidacy? _____

_____ MA/MS Indicate years in program _____

_____ Undergraduate Continuing in UAF Grad program? _____

Major: _____

Previous Geist Awards at current academic level: Year _____ Amount _____

Proposal Title: _____

Proposal Abstract: _____

Copy of appropriate permit (or application for) attached: Yes No

Letter of recommendation attached: Yes No

Permission letter from Curator of collections to be used: Yes No

Projected budget: Yes No