

# MAXI RESEARCH GRANT PROPOSAL

(For Grades 9-12 Only)



**NOTE: Only students who have been selected to exhibit at an Regional, City, or State STEM Exhibitions may apply for the Maxi Research Grant. APPLICATION DEADLINE IS FEBRUARY 20, 2023**

**Name of Student:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Chicago, IL Zip Code:** \_\_\_\_\_

**Home Phone: ( \_ )** \_\_\_\_\_

**School:** \_\_\_\_\_ **CPS Area:** \_\_\_\_\_ **GSR:** \_\_\_\_\_

**School Phone: (773)** \_\_\_\_\_

**Teacher-Sponsor's Signature:** \_\_\_\_\_

**Name of Teacher-Sponsor (please print or type):** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_

**Name of Scientific Advisor (if any):** \_\_\_\_\_

**Affiliation of Advisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Purpose of Project:**

**Specific organisms (if applicable) to be used:**

**Procedures to be followed:**

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- Attach a copy of your Reference List.
- Attach a copy of your Research Summary.
- Attach a copy of your approved endorsement(s) if this research involves humans, vertebrates, human or vertebrate tissue, microorganisms, recombinant DNA or firearms as per the current STEM Exhibition Handbook.
- List materials needed and include the catalogue number, price, price extension, shipping charges, and the name of the supplier. Attach additional pages if necessary.

QUANTITY	ITEM(S)	CATALOGUE #	COST (EACH)	EXTENSION	SHIPPING	NAME OF SUPPLIER
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
<b>TOTAL ▶</b>						

Total amount requested: \$ \_\_\_\_\_ (maximum of \$500.00. One grant per student.)

Indicate your participation by year in:

School Science Fairs: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Chicago Network STEM Exhibition: : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

City Science Fairs: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

IJAS (State Science STEM Exhibition): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

ISEF (International Science Fairs): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Send to:

CPS Student Science Fair, Inc.  
P.O. Box 803945 Chicago IL 60680-3945  
 Due by February 20, 2023

**NOT WRITE BELOW THIS LINE. (FOR COMMITTEE USE)**

Research Grant Committee:

1  Approved \_\_\_\_\_  Rejected Initials: \_\_\_\_\_ Date: \_\_\_\_\_

2  Approved \_\_\_\_\_  Rejected Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Review: All applicants receiving approval of this application must be interviewed by representatives of Chicago Public Schools Student Science Fair, Inc.

Interviewer: \_\_\_\_\_  Approved  Rejected \_\_\_\_\_  
INTERVIEW DATE CHECK NUMBER:

Interviewer: \_\_\_\_\_  Approved  Rejected \_\_\_\_\_  
INTERVIEW DATE CHECK NUMBER: