

## PERSONAL INFORMATION

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First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Citizenship	<input type="text"/>		
Home Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>			Zip Code	<input type="text"/>
Work Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>			Zip Code	<input type="text"/>
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>		
E-mail	<input type="text"/>				

## EDUCATION & EMPLOYMENT

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Institution Name	<input type="text"/>				
Degree	<input type="text"/>	Date Awarded	<input type="text"/>		

Institution Name	<input type="text"/>				
Degree	<input type="text"/>	Date Awarded	<input type="text"/>		

Institution Name	<input type="text"/>				
Degree	<input type="text"/>	Date Awarded	<input type="text"/>		

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Current Position or Occupation

Institutional Affiliation, if any

## RESEARCH PROPOSAL

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Product of Research  Book  Article  Ph. D Dissertation  
 M.A. Thesis  
 Other (describe)

Prospective Title

Name of archivist contacted at the Dwight D. Eisenhower Library

Please attach a statement addressing the following areas. Statement should **NOT** exceed five pages.

A. Title of Project

B. Brief description of project, including scope, objective of research, methodology, and possible conclusions or results.

C. Relation of the holdings of the Dwight D. Eisenhower Library to your research.

General Itemization of How Funds will be Used:

Per Diem \$75 @ Number of Days	Transportation	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Proposed Budget

Estimated Dates at the Dwight D. Eisenhower Library: To  From

Other Grants you have Received Relevant to this Project (name and amount):

Plans for Publication or Other Use of the Product of Your Research:

## REFERENCES

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I have asked these two (or three) people to write a letter of recommendation on my behalf. Letters may be included with the application or sent directly to the Eisenhower Foundation at [info@eisenhowerfoundation.net](mailto:info@eisenhowerfoundation.net).

Name

Affiliation

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Name

Affiliation

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Name

Affiliation

## APPLICANT'S SIGNATURE

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Please include with this application: 1) Letter or e-mail from Eisenhower Library providing information on relevant collections; 2) Summary (not to exceed five pages) of the subject and scope of the research; 3) Curriculum vitae including academic background and publications; 4) a 10-15 page writing sample; 5) 2 or 3 supporting letters from academic advisors or professional colleagues (may be sent under separate cover).

Applicant's   
Signature

Date

### Research Grant Information

These grants of up to \$1,000 are intended to offset the travel and lodging costs of researchers using the holdings of the Dwight D. Eisenhower Library. The **travel grants are valid for one year** from the date of the award.

The application deadline is **Jan. 15, 2025 at 5pm CST**. Applicants will be notified of the Review Committee's decision approximately six weeks after the deadline date. Applications should be mailed or e-mailed to:

**Abilene Travel Grants Program  
Eisenhower Foundation  
P.O. Box 295  
200 SE 4th Street  
Abilene, KS 67410  
785-263-6771  
e-mail: [info@eisenhowerfoundation.net](mailto:info@eisenhowerfoundation.net)**