

TRAVEL GRANT APPLICATION FORM



African American Episcopal Historical Collection
Virginia Theological Seminary Archives
Bishop Payne Library
3737 Seminary Road
Alexandria, Virginia 22304-5201
703-461-1752
askaehc@vts.edu
<http://www.vts.edu/aaehc>



Applications must be emailed or postmarked by January 17, 2020
Notifications will be made no later than April 30, 2020
Travel must occur between May 1, 2020 and June 30, 2021

We prefer electronic submissions. Please email a scan of your completed and signed application and other documentation to askaehc@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**):

___ Ebonee Davis, Processing Archivist for the African American Episcopal Historical Collection
(703) 461-1752, edavis@vts.edu

Date(s): _____ Form of contact: _____

___ Christopher Pote, Archivist for the Virginia Theological Seminary
(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:

14. Tentative Dates of Travel (Must occur between May 1, 2020 and June 30, 2021):

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 estimated 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.

Room:

Air/Train:

Car (\$0.565/mile):

Meals:

Photocopying:

Other Research Expenses:

Other:

16. Total Amount of Support Requested:

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. within two months of visiting the AAEHC, I will submit a one to two page report of the research accomplished during the visit.
- 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 Virginia Seminary business office before any monies can be dispersed.
- g. I understand that I may be asked to make a presentation about my research to the seminary community.

(Signature)

(Date)