

# Faculty/Staff Scholarship Support Program (SSP) Information Form

Date:	<input type="text"/>
Name:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
Department:	<input type="text"/>
Position:	<input type="text"/>

**CHSR**

*at*

*Buffalo State College*

Center for Health & Social Research

Classroom Building A203

Phone: 716-878-6137

Fax: 716-878-5905

[www.buffalostate.edu/centers/chsr](http://www.buffalostate.edu/centers/chsr)

**Working title for the project:**

**Please provide a written description of the project for which you are seeking SSP support (500 words or less):**

**Identify one or more specific research questions or hypotheses for this research:**

**Please describe the desired product or outcome for this research**

**(e.g. journal publication, conference presentation/poster, report, grant application, etc):**

**Describe the specific tasks that you see the Scholarship Support Program staff doing in this research:**

**Describe the timeframe for this project; please include specific deadlines:**

**Please provide any citations that are related to your research that you feel will help this collaboration:**