| 2025 GCSAA Research Proposal Application Cover Sheet | | | | |
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| Cover Sheet | | | | |
| **Title of Project:** | | | | |
| Principal Investigator(s): | | | | |
| Title(s): | | | | |
| Address: | | | | |
| City: | State: | | | Zip: |
| Phone: | Fax: | | | |
| Email: | | | | |
| Amount Requested from GCSAA Each Year: | | | | |
| **2026** | **2027** | | **TOTAL FUNDING REQUESTED** | |
| $ | $ | | $ | |
| Please Select Which Grant Opportunity You Are Applying For **(Check One):** | | | | |
| Water Use and Water Quality Protection | Sustainable Golf Course Turfgrass and Other Landscapes Management | | | |
| Chapter Cooperative Research Grant | | | | |
| Please Provide Name(s) and Contact Information of University, Chapter, Foundation or Association Providing Matching Funding and Amount of Funding Requested from Each Organization per Year (see grant guidelines): | | | | |
| 1. Name of Organization: | | | | |
| 2026: $ | 2027: $ | | Total: $ | |
| Contact Person: | Title: | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | Fax: | | | |
| Email: | | | | |
|  | | | | |
| 1. Name of Organization: | | | | |
| 2026: $ | 2027: $ | | Total: $ | |
| Contact Person: | Title: | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | Fax: | | | |
| Email: | | | | |
|  | | | | |
| 1. Name of Organization: | | | | |
| 2026: $ | 2027: $ | | Total: $ | |
| Contact Person: | Title: | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | Fax: | | | |
| Email: | | | | |
|  | | | | |
| 1. Name of Organization: | | | | |
| 2026: $ | 2027: $ | | Total: $ | |
| Contact Person: | Title: | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone: | Fax: | | | |
|  | | | | |