



Edward N. Tihen Historical Research Grant Application

Persoi	nal Information		
Name			
Addre	SS		
City		State	Zip
Email		Daytime Pho	one
1. 2. 3. 4. 5. 6.	What is the subject/topic of the methodology to be used. What are the intended produ	ons, limiting your response round and qualifications for the proposed research? Pl	or performing the proposed research ease identify your objectives and cation, exhibit, presentation, etc. hat you will use and explain how
Ple	•	as to how these funds wil	l be used to facilitate your research
Refer	ences		
	provide the names, email add ted for information about you	<u>=</u>	of two people who may be
Name		Email Address	Telephone

Please provide the names of Kansas Historical Society st	taff members with whom you have
discussed this specific project.	
Applicant Signature	
Signature	Date
8	
Send to:	
Kansas Historical Foundation Membership	
6425 SW 6 th Avenue	
Topeka, KS 66615-1099	
Or email to:	

membership@kshistory.org Application Deadline: April 15