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| **Application For Editing Service Funds** |

**Department of Clinical Sciences**

**College of Veterinary Medicine**

**Cornell University**

**Ithaca, New York 18453-6401**

Graduate students, residents and interns, and junior faculty from the Department of Clinical Sciences are invited to submit requests for support of publication editing. Publications may include grant applications, journal articles, abstracts, aims papers or other written material where clarity is important.

Awards of up to $350 for editing services provided by professional editors will be awarded five times each fiscal year. You are eligible to apply for these funds once annually, as long as the department has funding available for this purpose.

If you are interested in utilizing these funds during fiscal year 2018 (runs from today through June 30, 2018) please complete and return the information below to Carol Merkur (cm296@cornell.edu or C2534 CPC). A call for fiscal year 2019 will go out to all Residents and Interns in June 2018.

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| Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Publication Information: |
|  Publication Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Journal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Title of Writing Being Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Article Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Applicant Signature Applicant Name (Printed/Typed) |

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| **OFFICE USE ONLY** |

Funded Not Funded Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Department Chair Signature Department Chair Name (Printed/ Typed)

4/19/2018