



Joint Science Department

Student Summer Research Funding Application

Please indicate which research stipend you are applying for:

I. Applicant Information

Mr.

Ms. Name: (Last, First) _____ e-mail: _____

College: GPA: _____ Major: _____ Current Class Level:

Home Address: _____ City: _____

State Zip: _____ Home Phone: _____

Campus Address: _____ City: _____

State Zip: _____ Campus Phone: _____

II. Proposed Research Information

1) Are you applying for any other Summer research awards or programs? No Yes

If Yes, please provide the program name and location (e.g., company, university, etc.):

2) List any relevant science courses you have taken :

3) Tentative title of your research project :

Applicant name: _____

4) Advisor/Recommender information

Date

a) Advisor's name: _____ b) College:

c) Dept. _____ d) email: _____

5) In the space below, please provide a brief and detailed description of your intended research project. We recommend that you write your description in MS Word, then cut and paste your text into the space below.

Last 4 digits of SSN:

Signature:

NOTE: Full SSN required only if funds are awarded.

By typing or signing your name here, you pledge that the information you provide in this document is true and accurate. Failure to provide your signature could preclude you from award consideration.