

Student Grant Application

University Student Academic Research Award

Funding and Administration Provided by:

Office of Academic Affairs
Charles R. and Martha N. Fulton School of Liberal Arts
Franklin P. Perdue School of Business

Office of Graduate Studies and Research
Richard A. Henson School of Science and Technology
Samuel W. and Marilyn C. Seidel School of Education and Professional Studies

**APPLICATION AND PROPOSAL MUST BE TYPED
AND SUBMITTED VIA e-mail to
drknopf@salisbury.edu**

PrintForm

Name: _____

Current Address: _____

City/State/Zip: _____

Permanent Address: _____

City/State/Zip: _____

Student ID: _____

Telephone: _____

Major: _____

Class: 1 = 1st Semester Senior, 2 = 2nd Semester Senior
 3 = Junior, 4 = Sophomore, 5 = Freshman

Project Title: _____

Purpose of Travel: _____

Project Begin Date: _____

End Date: _____

Project Includes: IRB Approval (include approval letter) IACUC Approval (include approval letter)

Total **USARA** Funds Requested: _____

How Many Times Have You
Been Awarded This Grant?

0 1 2

List Other Sources to which You Have Applied:

Sources:

Amount Requested:

Amount Granted:

Student Signature: _____

Date: _____

I have reviewed this proposal and agree to serve as Faculty Advisor on this project:

Advisor Name: _____ Signature: _____ Date: _____

Please send **via e-mail**, typed original proposal, application, and itemized budget to:

drknopf@salisbury.edu – Donna Knopf

USARA Selection Committee, Office of Graduate Studies and Research