

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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