**VIRGINIA ACADEMY OF SCIENCE**

**2016 FALL UNDERGRADUATE RESEARCH GRANT APPLICATIONS and FALL UNDERGRADUATE RESEARCH MEETING**

**Application Form**

Undergraduate Research Grant Application

* **Please use your computer to fill in all the fields** (appear as gray areas on computer screen which expand as information is added) **on this interactive form.**
* **After completing the application please save it on your computer (in either Word DOC, DOCX or PDF format). Please name the file as follows – Student Name(s) – Application Form.**
* **Prior to submission the application must be signed by the Department Chair as well as any other required institutional representative.**
* **The signed application (in electronic format) must be submitted as part of the Undergraduate Research Grant Application Materials** (according to Submission Instructions provided at end of this form)**.**

1. Title of Proposed Project:

2. Name(s) of Student Applicant(s):

Mailing Address of Student Applicant(s):

Email Address of Student Applicant(s):

Institutional Affiliation:

Major Department:

3. Name(s) of Faculty Mentor(s):

Email Address of Faculty Mentor(s):

4. Does the project require approval by the following?

Institutional Review Board  No  Yes

If yes, list date of approval

Institutional Animal Care and Use Committee  No  Yes

If yes, list date of approval

5. Certification by Department Chair:

I certify that the student applicant(s) listed above are students in good standing, are participating in a formal research program within this department, and that this project meets all departmental and institutional requirements.

Printed Name:  ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If required by the institution, the authorized institutional representative must sign off on the proposal and indicate how funds are to be transmitted, if the application is selected for funding. You may attach your institution’s standard grant cover letter (or form) for this purpose.

7. Please indicate how or to whom the check should be written (usually the college/university) if the application is selected for funding.

8. Please provide the name of the individual (Chairman, Foundation, Sponsor Program, or Budget Office) and specific address to which the check should be mailed, if the application is selected for funding.

**SUBMISSION INSTRUCTIONS:**

* **Completed grant application materials should be emailed to Robert Atkinson (**[**atkinson@cnu.edu**](mailto:atkinson@cnu.edu)**).**
* All required forms [Application Form (with institutional grant cover letter/form if required), Student Information Form(s), Mentor Information Form(s), Budget Form, Project Description Form] **must be** **attached to a single email message**
* All of the following information must be **included in the email subject line**: Last Name(s) of Applicant(s) – UG Research Grant Application
* **The deadline for student applicants to submit grant application materials is Saturday, October 1, 2016** (by midnight)**.**